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# THE BRITISH JOURNAL OF NURSING

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EDITED BY MRS BEDFORD FENWICK

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## EDITORIAL.

### NURSES AND THE NEW YEAR.

"Welcome ever smiles, and farewell goes out sighing."

There is always a sense of exhilaration at the beginning of a New Year. Its possibilities are unknown, and its opportunities therefore unbounded. We know well the limitations of the year which has just passed, but in regard to that on which we are entering we can let our fancy run riot, and imagine that it has in its keeping, and will fulfil in due season, our heart's desire. Day dreams at the beginning of a new year are permissible, and like fairy tales, delightful.

But not for too long must nurses, who are essentially practical people, indulge in day dreams. They must be up and doing. And first we have to remember that this year will bring to many of us the happiness of meeting once more our dear colleagues from other countries, far and near, at the International Congress of Nurses in connection with the Triennial Meeting of the International Council of Nurses, at Cologne, and that it behoves those of us who are members of societies affiliated to the National Council of Nurses of Great Britain and Ireland to do our utmost to help Sister Agnes Karll, President of the International Council, and of the German Nurses' Association, who is organizing the Congress, to make it a splendid success. Each Congress has had its distinct individuality, its special features of helpfulness, and pleasure, we could have spared none of them without personal loss, in Cologne we are sure the nurses of Germany will have much to teach us, and show us, and we know that we are to hold our meetings in the Gürzenich, the noble building erected for the purpose of providing the city with a

fitting place for the reception of those guests whom it is specially desirous to honour.

Then, to turn our attention nearer home, as trained nurses we have our legal status still to win. It behoves us all to consider whether we are doing our utmost to secure this over-due legislation. It would be "a happy new year" indeed if the Nurses' Registration Act were added to the Statute Book during the coming Session, and we could meet our German colleagues and those from the United States, South Africa, New Zealand, and elsewhere, with the right to use a legal title, instead of still being forced to own that, though the registration of trained nurses was first proposed in this country, others have outstripped us in attainment, and while State examination, followed by registration, is an accomplished fact for them, our services to the community lack this acknowledgment, that our efforts to protect the sick have not yet found fruition, and that it is open to any woman, sufficiently specious to disguise her ignorance, to describe herself as a trained nurse, and to be accepted at her own valuation, to the serious hurt and danger of the sick.

And there is no way in which those who desire to further the registration cause can do so more effectively than by supporting the official organ of the Society for State Registration of Nurses, the *BRITISH JOURNAL OF NURSING*, in which all news as to the progress of the movement is to be found from week to week, and which can always be relied upon to voice the best interests of the nursing profession, which are co-incident with the best interests of the sick. By asking their friends to fill in the subscription form to be found on page i, they can give the only weekly professional journal for nurses the support which it has, by its policy, many times proved it has the right to expect. To each and all of our readers we most heartily wish a very Happy New Year.

## MEDICAL MATTERS.

### GEHEMIRAT VON WASSERMANN ON TUMOUR RESEARCH.

At a recent meeting (December 20, 1911) of the Berlin Medical Society, an announcement which caused a profound sensation was made by Professor von Wassermann, the renowned discoverer of the blood diagnosis of syphilis, respecting his latest discoveries in regard to healing of tumours. As Professor von Wassermann tells us, the problem of how to influence certain forms of tumour by chemical means has engaged scientific investigation for some time. Experiments have now been made at the Institute for Infectious Diseases with the object of finding a chemical agent which, on entering the circulation of the blood, attacks the recently-formed tumour cells without injuring the cells belonging to a normal condition of body. For the object of investigation certain tumours, often observed in mice, which Gehemirat Ehrlich classes with cancer and the equally malignant sarcoma, were chosen. After much thought, testing, and investigation, it has been finally ascertained that Tellur and Selen, two chemical bodies, when combined with a fluorescein pigment, will actually enter the tumour cells and destroy them, while leaving the other cells intact. A chemical compound of Selen and Eosin, which is very difficult to reduce, proved to be peculiarly effective. Already, after the third injection of this agent into the circulation of the blood, the tumour in the animals experimented on began to soften, after the fourth injection absorption took place, and after further injections the curative process had so far advanced that in ten days nothing more was to be perceived of the tumour. The animals were cured, and up to the present moment have remained so. In cases of largely developed tumours the operation of the chemical agent was so violent as to prove fatal, doubtless the result of the absorption of the rapidly fluidised tumour-substance. The investigator did not confine himself to animals with artificially produced tumours, but also tried the experiment on such as were already suffering from the same tumour. In such cases the cure was also effective.

In order not to excite false hopes, Professor von Wassermann, in concluding his address on his able and important developments, laid stress on the fact that hitherto the remedy discovered by him has only been applied to and proved successful with animals, and that as yet there is no certainty as to its curative power with

human beings, who suffer from tumours. However, the hope of benefit to mankind in regard to cancer is justified by the well-established facts which he and his assistants, Dr. Keysser and Dr. Michael Wassermann, proved by numerous experiments. These are based on the results of microscopic investigation by Gehemirat von Hausemann, who explained that the tumour cells, on being turned by the chemical appliance into a kind of fluid pulp, are conveyed to the spleen and liver and there consumed.

### SPECIFIC INFECTIONS FROM THE NURSE'S POINT OF VIEW.

Dr. F. Butcher has a simple and useful little article in the *Nurses' Journal of India* on "Specific Infections from the Nurse's Point of View," in which she says accidental infection of venereal disease is by no means uncommon, and all nurses should be forewarned in cases likely to need precaution in nursing.

The mucous membranes of the eyes and vulva are the situations most likely to be inoculated. Imperfectly washed towels, hand-basins, baths, dirty closets and latrines are all sources of danger; possibly even bank notes or door handles if touched by a person suffering from the conjunctival form of the disease. Any person who travels much in India should carry a handy disinfectant, such as lysol, for use in case of need, the habits of the natives being specially conducive to the spread of infection of this kind.

The maternity nurse is advised to take special precautions in the event of a suspicious case before parturition. . . . Kissing a syphilitic infant has been known to communicate the disease, and no healthy woman should be allowed to suckle a syphilitic infant, the mother only being safe from infection, being previously protected by a species of auto-inoculation, except in such cases where the mother herself is the source of the disease. Here again the maternity nurse runs the most risk, and accidental infection is usually from abrasions on the fingers, which have not been promptly disinfected with a mercurial lotion. A healthy infant may contract syphilis from a wet nurse, and before selecting the latter both mother and child should be subjected to medical examination, as the former, if under treatment, may exhibit no signs of disease. Syphilitic children are usually apparently healthy at birth, but in the course of about three weeks nasal catarrh, known as "snuffles," makes its appearance; thrush and the specific rashes may also be pre-



sent, or only wasting. Under mercurial treatment the disease quickly improves, but where infection is known to be present the mother should be under treatment throughout pregnancy, even when no signs of the disease are present in her own person. In either congenital or acquired cases treatment should be persisted in for at least two years, and all such cases when in hospital regarded as infectious, separate linen being provided, and spoons and cups being disinfected after use; also bottles and rubber teats in the case of infants.

## CLINICAL NOTES ON SOME COMMON AILMENTS.

By A. KNYVETT GORDON, M.B. CANTAB.

### PUERPERAL SEPTIC DISEASE.

(Continued from p. 446.)

We have now to consider, firstly, how we should attempt to prevent the occurrence of puerperal infection, and next, the measures which we should take when we have to deal with a case in which infection has already taken place.

As I have pointed out, puerperal fever practically does not take place in women who are delivered inside the walls of a lying-in hospital, but it does occur in private practice. The reason is very simple. In hospital, delivery is regarded as a surgical operation, and in private practice, even if the doctor or midwife do so regard it, the relatives certainly do not, and it thus happens that even if they are not actually obstructive, they attach no importance to the details of asepsis, and do not do what they are told. At the next confinement they persuade the patient to engage someone else who is not so "fussy"!

Still, micro-organisms know nothing about social customs, and they can hardly be expected to refrain from the manufacture of toxins because the patient's mother-in-law did not have this kind of nurse.

Still, prejudice dies hard, and while it exists it can form an insuperable barrier to the best endeavours of the most careful midwife, so we have, in practice, to adopt a somewhat different procedure in a private house to that employed in hospital, where our word is law.

I have said that in hospital the procedure is regarded as a surgical operation, or, in other words, everything that touches the patient is sterilised, antiseptics are used for everything that cannot be boiled, and the parts are covered with an aseptic dressing until healing has taken

place. Thus, the skin in the pubic region is shaved and cleansed with soap, and with whatever antiseptic application is in vogue at the particular hospital, or painted with tincture of iodine. The vagina is douched with large quantities of normal saline solution or a weak solution of biniodide of mercury, and perhaps packed with gauze also. The hands of the accoucheur are covered with boiled rubber gloves whenever a vaginal examination is made: any instrument used in delivery is boiled, and after the expression of the placenta the vulva is covered with a large pad of aseptic wool, which is changed very frequently.

But we cannot always do this in private practice, and we have then to remember that the main point is to keep organisms from invading the cavity of the uterus; if we can do this the patient is generally safe.

Now, before the head of the child has emerged from the uterus, germs cannot very easily reach its cavity, and here comes the first important point. It matters very much more what we do after the child has been born than before, because there is then an open road from the vulva to the placental site.

After the child has been born, there is usually a gush of liquor amnii which flushes the vagina and rids it of any organisms which might otherwise reach the uterus, but the vagina does not remain sterile, as it can easily be invaded by organisms from the skin and bedclothes, so we have to take care that we do nothing which can carry germs from the vagina to the uterine cavity.

Now, it is not usually necessary to make any vaginal examinations after the child has been delivered, the only exception to this being when post-partum hæmorrhage occurs or the placenta is adherent to the uterine wall, and has to be removed by hand. In both these cases the necessity is urgent, and we have to chance infection, and do just as much in the way of asepsis as we have time for.

But there is another manipulation that is not infrequently practised by midwives after delivery, and that is the use of the vaginal douche. I have no hesitation in condemning this practice absolutely in a normal case. There is not the slightest advantage to be obtained from the use of the douche, and it is open to the grave defect that it washes germs up from the vagina into the cavity of the uterus. Under no circumstances, therefore, should a midwife use the vaginal douche after delivery unless she is expressly told to do so by the doctor in attendance.

Then it is advisable to cover the vulva after delivery—and until the lochia have ceased—

with a pad of antiseptic wool, or other absorbent material; the napkins that are used for this purpose are not absorbent and certainly far from sterile, and, in fact, when there is another child in the house they are apt to be taken from the batch that is used to keep him clean.

In practice it is surprising—in considering a series of cases—how frequently one finds that the onset of an attack of puerperal sepsis occurs about three or four days after delivery, or even later. Inasmuch as the incubation period of most puerperal infections does not exceed forty-eight hours, it follows that infection results in a case not from anything that is done at the time of delivery, but from subsequent procedures, generally vaginal douches or septic napkins. This is rather an important point in one way because it not infrequently happens that the doctor or midwife who has attended the patient during the confinement, but has not had occasion to make any internal examinations subsequently, gets blamed quite unjustly for an attack of puerperal sepsis arising on the fourth day.

We now come to the treatment of puerperal sepsis itself, and it would be possible to write a volume on this subject alone, as it is fraught with several difficulties, which have arisen partly from the fact that opinions are divided amongst obstetricians as to the extent to which operative interference is indicated or justifiable. I shall, therefore, content myself with indicating the main points which guide us in dealing with the different types of case.

We attempt to do two things, to remove the source of infection if this be possible, and to assist the patients' leucocytes in their efforts to combat the organisms or their toxins.

The first thing is to examine the uterus thoroughly with the gloved finger, the patient being in the lithotomy position. If a piece of loose placental tissue be found inside—as is very often the case—it will suffice to remove it and to swab the lining membrane of the uterus with some antiseptic. An intra uterine douche is sometimes given, but there is with this the risk of washing septic material up the Fallopian tubes into the peritoneal cavity. This class of case usually does well; given that the patient is seriously ill, it is much better to find retained placenta than not, as far as the outlook for the patient is concerned.

But we may find that there are no loose masses, but that the uterus is inflamed throughout, the lining membrane being saturated with micro-organisms. Here opinions differ; some surgeons remove the lining membrane with a curette and swab the raw surface with a powerful antiseptic, while others hold that nothing

active should be done, in the belief that one is more likely to do harm than good thereby.

If streptococci can be found in the circulating blood by bacteriological examination, local treatment is not of much avail, but if the organisms have travelled up the tubes into the peritoneal cavity, and general peritonitis follows, the only hope for the patient lies in opening and draining the abdomen without delay.

But whatever may be done, or left undone locally, we have to encourage the patient's powers of resistance by all means in our power, and here the most useful measure undoubtedly lies in the administration of large quantities of saline solutions under the skin of the axillæ or breasts. These have a two-fold action; they encourage the production of fresh leucocytes in the body, and they also stimulate the kidneys so that toxins are more easily excreted. Quinine is also useful in some cases, and it is generally necessary to use stimulants fairly freely. In any case the patient requires very careful nursing, and there is perhaps no class of case in which the surgeon is so dependent upon the nursing for a successful result. The main point is to consider no case of puerperal sepsis hopeless until she is dead.

### AN ADDRESS OF WELCOME TO QUEEN MARY.

The *Nursing Journal of India* for December announces that the combined Associations of Superintendents and Nurses hope to present an Address to Her Imperial Majesty Queen Mary while in India. The lettering of the Address will be done in a beautiful shade of blue, very clear and distinct type on a rough-edged paper with an artistic simple gold bordering. The cover is one of royal blue calfskin lined with white satin, and the following inscription in 18-carat gold:—

“Presented to Her Imperial Majesty Queen Mary by the Trained Nurses' Association, and the Association of Nursing Superintendents of India, December, 1911.”

### MEMORIAL TO MISS NIGHTINGALE.

It is announced that the £6,000 required for the proposed statue to Miss Florence Nightingale has been practically secured by private subscription. All nurses will be very glad that this small sum has at last been contributed. It is hoped that the statue will be placed in Waterloo Place, London, a splendid site, opposite the Crimean Memorial, and therefore eminently suitable for the purpose.



## OUR PRIZE COMPETITION.

### WHAT IS AN ANEURISM? HOW SHOULD A PATIENT SUFFERING FROM ONE BE TREATED?

We have pleasure in awarding the first prize in the new year to Miss Emily Marshall, 123, New Bond Street, London, W., for her article on the above question, as follows:

An aneurism is a tumour of an artery due to its local dilatation, usually with rupture of the internal and middle coats.

Inside the blood vessels, of course, there is always a great pressure of blood caused every moment by the beating of the heart, which pumps the blood over the whole body. The pressure is great, and the blood vessels are so elastic that they can bear this pressure without giving way, dilating when more blood rushes through, as is occasioned by any exertion, and contracting when there is less blood.

An artery never ruptures, no matter how furiously the heart is beating, so long as it retains its elasticity. In old age there is always a tendency for the arteries and veins to become hardened and less elastic, and when this happens they are unable to cope with the sudden alteration of pressure. The weakening of arteries can and does occur in youth owing to certain diseases, such as syphilis, gout and alcoholism. These diseases may affect the whole of the arteries of the body, or a very few or perhaps one. It is called "Atheroma." People with "atheromatous arteries" are liable to aneurism, especially those who are subjected to physical strain or manual labour. The aneurism or blood tumour gives way under the increased pressure of blood by exertion, owing to the weakened inner wall. Its presence occasionally exists quite unsuspected; but as a rule it is diagnosed by the unusual pulsation over the part, and there is generally pain. In some cases pain is very severe, and people get agonising attacks, more especially in aneurism of the aorta. The pain is caused more or less by pressure upon the other organs and defective circulation. Sudden death is frequent in these cases.

The signs and symptoms of an aneurism depend greatly upon its position; it may be in the chest, lungs, abdomen, brain, or anywhere else. Nature assists a cure by allowing the blood to coagulate, and so a coating is formed over the rupture. But suitable medical and nursing treatment must be obtained, and every endeavour is needed to help to bring about coagulation.

Absolute rest with light, spare diet, freedom from worry and excitement are at all times

necessary to aid treatment. The nurse may be called upon to apply compression by the fingers. A child under my care, whose leg was encased in plaster of Paris after operation for talipes, suddenly was seized with acute pain. The plaster casing was removed, and a swelling in the position of the posterior tibial artery, with some pulsation, was noticed. Some hours later this suddenly burst. I applied compression and raised the leg until the surgeon operated. The operation proved most successful. For cases which cannot be treated by operation, I believe the latest treatment is a preparation of iodine injected.

Traumatic aneurism is not uncommon.

#### HONOURABLE MENTION.

The following competitors receive honourable mention: Miss L. M. Evans (Cardiff), Miss E. Dobson (Birmingham), Miss Carmichael (Leicester).

Miss Evans classifies aneurisms according to their shape, as fusiform, sacculated, or dissecting. The thoracic aorta is, she says, the most common seat of aneurisms. In the case of "dissecting" aneurisms, the coats of the artery are torn, and the blood current forces its way between them.

#### QUESTION FOR NEXT WEEK.

How should male nurses be trained to fit them for their duties?

## PRIZES FOR NURSES.

Time passes so quickly that the Annual Nursing and Midwifery Conference and Exhibition, to be held from April 23rd to the 26th inclusive, at the Royal Horticultural Hall, Westminster, will soon be here.

The BRITISH JOURNAL OF NURSING will again have a Stand—No. 115—at the Exhibition, and, in response to the invitation of the managers, the Editor has consented to organize a Section, which will take the form of a Practical Nursing Exhibit. In connection with this the managers have most generously offered the following Prizes, to enable the winners to attend the forthcoming International Congress of Nurses at Cologne, by defraying their expenses in whole or in part.

#### PRIZES.

First Prize	...	...	£7	7	0
Second Prize	...	...	£4	4	0
Third Prize	...	...	£2	2	0

The Editor invites the Leagues of Nurses and others to compete for these Prizes, and will at an early date, notify the scope of the Exhibit.

## POISONS.

Mr. William Taylor, F.R.C.S.I., who recently lectured to the Irish Nurses' Association on "Poisons," spoke, in substance, as follows:—

Poisons may, widely speaking, be divided into two groups, Acids and Alkalis, and the general treatment for acid poisoning is to administer an alkali; and for alkali poisoning to give an acid.

1. Carbolic acid may be taken as a distinctive poison. The antidote is alcohol in some form such as whiskey or even methylated spirit, the object being to render the acid inert. Then if possible the stomach should be washed out; if impossible, give a hypodermic of Apomorphinæ Hyd. to make the patient vomit.

2. Oxalic acid: Antidote, lime in any form, even if only knocked off the wall or ceiling.

3. Phosphorus poisoning: This is a very common form of poisoning with children, as they so often suck the tops of matches, etc. The symptoms are intense thirst, strong smell of garlic off breath, severe colic, collapse before death. Antidote, *old* turpentine. Avoid oils of any kind, as oil makes the poison more active. Wash out the stomach with Condy's Fluid or Sanitas.

3. Laburnum seeds: Give an emetic, then dose of oil to thoroughly clear the intestines, and opium to relieve pain.

4. Shell fish poisoning: Same treatment as Laburnum, but also give an astringent after emetic.

5. Ptomaine poisoning from decomposed food or fruit or tinned meats, etc.: Same treatment, as also for fungus poisoning.

6. Corrosive Sublimate: Antidote, eggs or a quantity of milk if eggs are not handy; give emetic and wash out stomach.

7. Opium and morphia poisoning: Keep patient roused, allow him plenty of fresh air, and give strong coffee, which is made much more effective by the addition of a few grains of pure caffein. Also give emetic or hypodermic of apomorphine. If opium has been taken, a strong smell of it can be detected from breath; if morphia, no smell, but the other symptoms will be the same.

8. Chloral Hydrate: Antidote is strychnine, also an emetic, or wash out stomach.

9. Strychnine: The antidote is Chl. Hyd.

10. Arsenic (acute): Antidote, white of eggs or quantity of milk.

Arsenic (chronic): See that the patient gets no food or medicine except what is prepared specially by the nurse or doctor, get rid of

as much of the arsenic in the stomach as possible, and the patient will do well.

11. Prussic acid: This is such a deadly poison and acts so quickly that it is rarely anyone is saved.

12. Lead: Hot stupes to relieve colic pains, also injection of morphia; small doses of Iod. Pot. combined with Sulph. Mag. or Sulph. Sod. Keep patient in bed and away from the occupation which has caused the illness.

Poisoning may also come from the use of iodoform, carbolic acid, etc., etc., in dressing wounds, but can easily be controlled by stopping the use of the particular dressing. For gas poisoning give plenty of fresh air, oxygen and artificial respiration if necessary.

The emetics generally used are—

Mustard and hot water.

Strong salt and water.

Greasy water.

Ordinary lukewarm water.

Ten grs. sulph. of copper in warm water.

Hippo wine for children, one teaspoonful every five minutes.

$\frac{1}{2}$ gr. Apomorphinæ generally acts in three minutes.

## THE LEAGUE OF SCHOOL NURSES.



Dr. Sikes' lecture on the "Legal Aspect of School Nursing" on December 13th was largely attended. He gave an account of the progress of the work of the medical and nursing department (education) since its inception.

The Acts of Parliament which affect the work of the school nurse were explained. Among other subjects Dr. Sikes spoke of the cases of favus which had had to be dealt with—79 in one part of London alone; of the opening of a school for children suffering from the disease, and how with X-ray treatment and supervision the children were soon cured and the school closed. Microscopic slides were shown illustrating varieties of favus and ringworm.

"The Infectious Diseases of the School Child" was the subject of Dr. Brincker's lecture on December 20th. There was not such a good attendance as at previous lectures owing to the wet weather. Dr. Brincker touched on all the infectious diseases in turn, and the lecture proved exceedingly interesting. Charts indicating the rise and fall of some of the notifiable diseases during several years

were shown, also some showing the method employed to record cases occurring in the schools.

At the conclusion, Dr. Brincker kindly answered several questions, thereby adding to the indebtedness of his audience.

R. B. D.

## PRACTICAL POINTS.

### A Non-Commercial Exhibit.

In an interesting account, given by the *International Hospital Record*, of the non-commercial exhibit of the American Hospitals Association, held recently in New York, we read: There was a very marked degree of interest in the non-commercial exhibit held throughout the sessions of the convention, and Miss Aiken and those who assisted her in this work were accorded a hearty vote of thanks.

### Invalid Occupations.

A very complete and most interesting exhibit, demonstrating an amazingly large field of invalid occupations, came from the Adams Nervine Asylum, of Jamaica Plains, Massachusetts, in charge of Miss S. E. Tracy, who is responsible for the wonderful development of this so long neglected subject. All superintendents of training schools would do well to investigate this subject, with a view of including a course in the training of their nurses. The useful entertainment of the sick and invalided of all ages has been worked out on a cost basis varying from innumerable articles manufactured literally out of the waste basket, but which could scarcely be recognized in the finished and wonderful combinations that have been so cleverly devised—to a line of articles, both artistic and of moderate cost. Miss Tracy has published a book, describing this work in detail.

### The Destruction of Hospital Property.

Possibly the exhibit which appealed most strongly to the many who could not pass it by hastily, because of its originality and practicability, came from the Hartford Hospital, Hartford, Conn.

It was a collection of articles illustrating the destruction of hospital property. These articles were used as an object lesson to nurses in the training school, and are kept in constant sight in the class room, neatly arranged and labelled. Other training school superintendents might be glad to follow the example of this most practical and enterprising superintendent from Hartford, and for their benefit we enumerate the collection.

1. Flannel ruined by boiling and rinsing in cold water.
2. Effect of hot water bag being put on glass table top.

3. Splashing apron with L abarraque solution.
4. Metal coffee pot directly over gas flame.
5. Wet soap on a polished surface.
6. Alcohol on a polished surface.
7. Drop light, 16 c.p., coming in contact with mirror.

### Care of the Teeth and Mouth during Illness.

"A frequent cause of the decay of teeth is neglect during acute illness," says the *Journal of the American Medical Association*. "It is astonishing to what degree the mouths of patients are neglected, a neglect which contributes in part, at least, to the accumulation of the thick, dry coat on the tongue, and the thick, sticky, offensive masses of so-called sordes on the gums and between the teeth.

"When the patient is in bed, is fed chiefly on soft foods, and is not allowed to talk, there is greater need than during health of systematic care of the mouth. The condition of the patient's mouth is an indication of the capability of the nurse. Frequent wiping of the teeth, gums and tongue with a piece of cotton held in a pair of forceps and saturated with an alkaline solution containing twenty per cent. of glycerine, will contribute greatly to the comfort and welfare of the patient.

"The greater the illness, the higher the temperature, the more abnormal the condition, the greater is the necessity of giving careful attention to the mouth. The mouth should be rinsed several times a day with warm water, to which has been added a little common salt, tincture of myrrh, or Cologne water, to stimulate the secretions. When there is a tendency of the gums or lips to bleed, they should be rubbed twice a day with a soft cloth bearing powdered boric acid; if patients are partially unconscious, the mouth should be examined several times a day. Ulcers should be treated with boric acid or a saturated solution of potassium chlorate or peroxid of hydrogen on a swab. If the patient sleeps with his mouth open, the tongue should be moistened frequently with a twenty-per-cent solution of glycerin and water. A drink of water should be offered the patient at least once an hour, and if he can take but a sip at a time, it should be offered more frequently."

### Open-Air Schools.

An attempt to start an "open-air school" in each section of the city will be made by the Chicago Health Department, acting in conjunction with the Board of Education. According to present plans, these schools, or "open-air" rooms, may be established in every ward school of the city, so that children affected with tuberculosis may be taught amid an abundant supply of cold, fresh air. At present five schools of this sort are being operated by the Health Department. Dr. Herman Spalding says: "The only way tuberculous children can be properly cared for and cured is by having an 'open-air' room in every ward school."



## APPOINTMENTS.

### MATRON.

**Cottage Hospital and Nursing Home, Romsey.**—Miss Violet Law has been appointed Matron. She has held the position of Matron at the Cottage Hospital, Lyme Regis, and has also done temporary duty as Sister at the Home for Mothers and Babies, Woolwich. She has had experience of district nursing and is a certified midwife.

### SISTER.

**The Children's Hospital, Sunderland.**—The following ladies have been appointed Sisters:—

Miss Mabel Hilson, trained at the Cumberland Infirmary, Carlisle, and Park Fever Hospital, London. She has been Sister at the Royal Hospital for Sick Children, Edinburgh, and the Walker Hospital, Simla, India; and also Night Sister at St. George's Hospital, Bombay.

Miss Amy Foster, trained at the Newport and Monmouthshire Hospital. She has had experience in private nursing, and has been Night Sister at the Victoria Hospital for Children, Hull.

Miss Ellen Strachan, trained at the Royal Infirmary, Dundee, and who has acted as temporary Sister there, and has also been Theatre Sister at the Nursing Home at Kidderminster.

**Stanfield Hospital, Burslem, Stoke-on-Trent.**—Miss Amy Burnett has been appointed Sister of the diphtheria wards. She was trained at the General Hospital, Wolverhampton, where she has held the position of Sister. She has also had experience of private nursing.

**General Hospital, Birmingham.**—Miss Maud Green has been appointed Sister in the Out-patient Department at the General Hospital, Birmingham. She was trained and certificated at Charing Cross Hospital, from 1905–1909; and in 1910 was appointed Sister in the Massage, Electrical and X-Ray Department. She holds the certificate of the Incorporated Society of Trained Masseuses.

### NIGHT SISTER.

**Isolation Hospital, Thanet.**—Miss M. C. G. Chrystie has been appointed Night Sister. She was trained at the Royal Infirmary, Perth, and has held the position of Matron at the Crewe Isolation Hospital, and of Nurse Matron at the Isolation Hospital, Runcorn. She has had experience of private nursing and is a certified midwife.

**St. Pancras South Infirmary.**—Miss F. C. Griggs has been appointed Night Sister. She was trained at the North Western Hospital, and at St. Pancras South Infirmary, where she has held the positions of Ward and Theatre Sister, and temporary Night Sister.

### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

*Transfers and Appointments.*—Miss Minnie Chambers, is appointed to Allestree; Miss Julia Finucane, to Grimsby; Miss Clara Gore Little, to

Norwich; Miss Violet Hunt, to Bedford; Miss Ada M. Jones, to Stockton; Miss Edith Please, to Crawley; Miss Ethel Williams, to Newton Heath.

### TERRITORIAL FORCE NURSING SERVICE.

#### CITY AND COUNTY OF LONDON.

The following ladies have been elected to form the Executive Committee for 1912:—*Chairman:* The Lady Mayoress (Miss Crosby); *Vice-Chairman:* Lady Dimsdale; *Hon. Secretary:* Miss Goodhue; Lady Beachcroft, Miss Sidney Browne, Mrs. Byron, Lady Cheyne, Lady Codrington, Lady Denbigh, Mrs. Dent, Lady Ellis, Mrs. Bedford Fenwick, Miss Finch, Lady Hanson, The Hon. Mrs. Henniker, Miss Hoadley, Miss Amy Hughes, Mrs. Makins, Lady Faudel Phillips, Mrs. Risien Russell, The Hon. Mrs. Chas. Tufton.

### THE MESSAGE DEPARTMENT, CHARING CROSS.

The Massage Department at Charing Cross Hospital will, on January 15th, be put under the charge of Miss Lambert, M.B., B.S., D.P.H. Hitherto the Sister of the Electrical and X-Ray Department has been in charge of the Massage Department also, but, owing to the increased numbers it has been found necessary to divide the two branches of work. Miss Lambert will have the orthopædic patients under her charge for Swedish exercises and massage; and will also undertake the massage of the in-patients. The whole of the combined Department is under the direction of Dr. Ironside Bruce.

### RESIGNATION.

Miss Leavis, Matron of the Cameron Hospital, West Hartlepool, has resigned her position, to the regret of the Board, who have passed an appreciative resolution. Dr. Ainslie, at the meeting of Governors at which the resignation was received, spoke in eulogistic terms of her work, knowledge, and professional skill, and said she had organised the Ladies' Guild and the Million Farthing Fund. In connection with the closing of the latter, Miss Leavis forwarded a balance in hand of £112 12s. 6d.

### A UNANIMOUS DECISION.

The House Management Committee of the Thanet Joint Hospital Board recently reported to the Board that the Matron, Mrs. Robinson, had now recovered from her recent illness and was quite prepared to withdraw her resignation. The Board unanimously adopted the recommendation that her appointment be continued.



## NURSING ECHOES.

From the numerous reports which we have received from hospitals all over the kingdom, as well as from those which we have personally had the pleasure of visiting, it would appear that never have the patients in hospitals and kindred institutions had a more right royal time than this year.

At the St. Marylebone Infirmary, where the Guardians, according to their annual custom, invited the ratepayers, former members of the nursing staff, and other friends to an At Home on Wednesday, December 27th, the whole building was thrown open to inspection. Very festive it all looked, the nursing staff in the various wards vying with one another as to the best colour scheme in their decorations, great secrecy being observed in this respect. Though all were beautiful, probably the palm was given by most people to the very effective petunia colour adopted by one ward for the shades for the chandeliers, the pulls of the incandescent lights being decorated with pale pink roses. Much cleverness and ingenuity were exhibited by patients, one of whom had made a life-sized Japanese lady, who presided over the ward, facing the visitors as they entered. In another instance a troupe of excellently got-up Christie Minstrels were in possession. In all, the sickness and trouble which had brought together the hundreds of patients at present under the kindly care of the Guardians and their willing co-adjutors—Mr. Basil Hood, M.R.C.S., the Medical Superintendent; Miss Cockrell, the Matron, and the staffs working under them—seemed to be put on one side, and happiness and gaiety were everywhere in evidence.

Most interesting were the other departments of the infirmary thrown open for inspection—the great kitchen, the bakehouse, the room in which all the milk is sterilized and its quality tested, the laundry where the whole washing of the establishment is done, and the chapel, gay and bright with Christmas decorations. The Nurses' Home also, where in the sitting-room a marble figure of Miss Nightingale presides over successive generations of probationers, is comfortable and cheery, and it was evident that the many former pupils who were to be seen in the Board Room enjoying the bountiful hospitality of their former training school were delighted with the opportunity of returning to it, and that they held it in great affection.

At the East London Hospital for Children, Shadwell, the children were on the tiptoe of expectation; the wards looked particularly beautiful, and were bright with flowers brought from Covent Garden by the Sisters and nurses in the early hours of the morning; these, with the various-coloured lamp shades and the new red jackets of the children made the atmosphere very festive, and the children were on their best behaviour, and hardly a whimper was heard for three hours. Excitement reached its height when, after a sumptuous tea, all who were able were carried to the gaily decorated Out-patient Hall, and first were delighted with a marionette show, after which Father Christmas, impersonated by the House Surgeon, dispensed his favours from the illuminated Christmas trees. At six o'clock, happy and laden with toys, the children were back in their wards, and the Members of the Board of Management, of the Visiting Staff, and the many old friends who had shared the pleasures of the afternoon began to disperse.

At the Richmond, Whitworth, and Hardwicke Hospitals, Dublin, the patients spent a most enjoyable Christmas, which may be taken as a type of many others. The wards looked lovely, the patients had the best of Christmas fare, after which the men greatly appreciated gifts of pipes and tobacco or cigarettes, and the women clothing and sweets. The children in the early hours of the morning found that Father Christmas had passed their way and left them stockings filled with treasures. Many artistes gave their services to make the season enjoyable, the Matron, Miss Holden, as one of the children quaintly said, "playing the Band."

Trained nurses are urgently needed for the three following mission stations: Benares, India; Tiberias, Palestine; Adana, Turkey. Information can be obtained from Miss H. Y. Richardson, 52, Lower Sloane Street, London, S.W. This is an opportunity for members of the Nurses' Missionary League, who, no doubt, will not be slow to respond.

Speaking editorially on our article on "The After-Care of Operations on Out-Patients," September 23rd, the *British Medical Journal* gives its powerful support to our appeal for greater care in the dressing of out-patient operations on the throat, nose, and ear. After touching on our report of a sad personal experience of meeting in a public car children bleeding from the nose after operations for adenoids, devoid of any dressing whatever, our

contemporary says: "The moral is, of course, that even if it is impossible for the hospitals to receive all the children whose physical condition requires operations for the removal of tonsils and adenoids, there should be the strictest medical supervision of each child after operation before discharge, and every precaution should be taken against chill and against possible septic infection of the wounds. \* \* \*

We well know how difficult is the management of an overcrowded out-patient department, especially when anything in the nature of an operation has to be done. At the same time we think it is intolerable that out-patients should be treated like cattle in an open market. We are quite sure that the majority of medical officers and nurses are more courteous and humane than those to whom reference has been made, but the mere fact that such things should be possible is in itself a scandal of a crying nature. Allowance must, of course, be made for the weakness of human nature, when a man or woman is pressed with work and hurried for want of time. None the less, it is a blot on our hospital system that things of the kind related should occur at all. It is the hospital patient above all others who most deserves consideration and humane feeling."

The writer in the *British Medical Journal*, however, fails to grasp our point that the sight of these suffering little children arouses a feeling of indignation upon the part of the humanitarian public, and thus injures our hospitals. On the remarks of women in the car that "It's a shame to turn children out in that condition," "Sort of thing as makes Socialists," he writes: "What the relevancy of the last unilluminating observation may be we cannot take it upon ourselves to say. There is no doubt, however, that this little story points a moral, if it does not exactly adorn a tale."

The relevancy of the observation is that in the uneducated mind socialism and anarchy are one and indivisible, and that forms of cruelty and brutality produce "red" reprisals.

To the average woman of all classes the sight of a bleeding and suffering child is constitutionally grievous, and, for the sake of our humanity, may it ever continue to be so.

We have to thank the Graduate Nurses' Association of Ontario for their appropriate calendar, in which appears a life-like picture of Mrs. Gamp.

"Ah!" sighed Mrs. Gamp, as she meditated over the warm shillingsworth of gin,

"what a blessed thing it is—living in this wale—to be contented! What a blessed thing it is to make sick people happy in their beds, and never mind oneself as long as one can do a service! I don't believe a finer cucumber was ever growed. I'm sure I never see one."

Now that transport to Canada is bringing us closer to the magnificent Dominion every day, and some nurses have ventured forth, not, we regret, to meet success, it would be well to look circumstances in the face. There is no doubt that there is a call for trained nurses in the West—say, away beyond its great key, the city of Winnipeg—but only the best all-round women are welcome. In reply to enquiries, we hear from Winnipeg that a large number of letters from English nurses asking for advice about going to Canada have been received by Miss F. Wilson, the lady Superintendent of the General Hospital at Winnipeg, and that she seldom advises them to go, for the following reason. She says: "We have a large number of the poorer class of English nurse which has made most of the medical men afraid to try them unless they are recommended by some one knowing the conditions of the West, and these practitioners state when writing for nurses that they do not want English trained nurses; so you can easily see, although we want nurses in the West, I cannot recommend English trained nurses to come here."

Miss Wilson's advice—and we know it is sound—is for women who want to nurse in Canada to go out and be trained in Canadian hospitals, where they would come in touch with the conditions of living in a comparatively new community, and would in consequence become acclimatised and fitted for the work to be done.

The Winnipeg Hospital is being greatly enlarged, and in another year will contain 550 beds; and this spring a class of probationers twice the usual number is to be admitted to prepare for the opening of the additional new wings. There is an opening, therefore, for a few of the "pick" of English applicants; but such applicants for training must be thoroughly well educated, domesticated young women, prepared to appreciate the special conditions of a new country; for life is very fresh out West.

Next week we shall publish a most interesting article on Training and Nursing in Canada, with a view to helping the right kind of girls to train there, if they wish to take part in the wonderful awakening in the West.

## THE HOSPITAL WORLD.

### THE BRENTFORD UNION INFIRMARY, ISLEWORTH.

The Brentford Union Infirmary, Isleworth, has unusual advantages architecturally, and is a handsome building, arranged on the pavilion plan, the blocks being connected, as at St. Thomas' Hospital, by a central corridor, which at Isleworth is arched with excellent effect. The Nurses' Home is connected with the main building by a covered way, and very comfortable and home-like it is. It is surrounded by a garden wherein is ample space to rest and enjoy the fresh air and flowers in off-duty time. The central administrative block is entered by a very handsome hall which on Sunday does duty for a chapel. Off this is the Matron's office, and her private apartments are on the first floor in a charming self-contained flat, the sitting-room being specially attractive owing to its irregular shape and deep window. The Assistant Matron also has her own flat. The Infirmary, which contains 450 beds, covers a large amount of ground, and its adequate superintendence must be an arduous undertaking.

The general medical and surgical wards show evidence of good order and care, and there is a very well-equipped theatre, in which a considerable amount of work is done. The children have a ward of their own. An interesting section is the block devoted to mental cases, in charge of a Sister, who seems as if she had found her vocation in life in ministering to the "mind diseased" and in exercising a benign and sedative influence over these patients. Warmth is afforded in these wards by means of hot pipes, so that poor, distracted patients who have to be placed in separate wards and throw off their bed clothes are in no danger of getting chilled.

The Night Superintendent, who is also a Masseuse, does alternate duty with the Theatre Sister, and the probationers receive instruction and practical training in massage. In the Maternity Wards of the Workhouse, where a trained nurse and certified midwife acts as Sister, a certain number of the certificated nurses get their midwifery training each year,

those who do best during the three years' training having the privilege of this valuable post-graduate course. The age at which probationers are accepted for training is between 22 and 30, the salary paid to them being £10, £15, and £20 respectively. A certificate of training, recognized by the Local Government Board, is given to probationers who successfully pass an examination held by an outside examiner at the end of the third year, and those who have shown proficiency are eligible for promotion as Sisters as vacancies occur.

The Medical Superintendent is Dr. E. E. Norton, who is recognized by the Central Midwives Board as an Approved Teacher of Midwifery. The Matron is Miss E. F. Youlden, who was trained at the Royal South Hants and Southampton Hospital, and, after some experience as Charge Nurse at the Cottage Hospital, Bushey Heath, in an open-air Sanatorium, and as a private nurse, was appointed Home Sister at the Carlisle Nursing Home, after which she held successively the positions of Ward Sister, Night Sister, and Assistant Matron at the Bethnal Green Infirmary, an excellent preparation for her present position.

Lastly must be mentioned the fact that there are lovely walks near the Infirmary, and that Kew Gardens and Hampton Court are within easy reach, the latter being reached by tram in about ten minutes.



MISS E. F. YOULDEN.

*Matron Isleworth Infirmary, Member Matrons' Council of Great Britain and Ireland.*

## SAIREY GAMP AT HOME.

In February the centenary of the birth of the great Dickens will be widely celebrated. In his unapproachable characterization of human types, Dickens presented nothing more life-like and immortal than our own Sairey Gamp.

The National Council of Nurses will meet in London to discuss high politics and international affairs on February 15th, and Sairey Gamp desires it to be known that she will be At Home to the Council when its deliberations are at an end, at 431, Oxford Street, W. Perhaps other Dickensian celebrities may grace the scene. Sairey, we feel sure, will be delighted to see them.



## NURSES AND THE NATIONAL INSURANCE ACT.

The business to be brought before the Nurses' Meeting at Morley Hall, George Street, Hanover Square, W., on January 18th, is of an important nature. It is an open meeting, and all interested in the position of Trained Nurses under the Insurance Act will be cordially welcomed. As all nurses are compelled to pay, it is their duty to organize, so that they may receive a suitable return for their money as far as it is possible. Much recent legislation which affects nurses, carried, as they have no votes, without their consent, has been very detrimental to their personal and professional independence; so that unless they show some sense of personal responsibility it is not improbable that, as usual, they will be excluded from the management of their own financial affairs. Nurses are urged to attend on the 18th for the sake of the profession as a whole.

The Insurance Act is now on sale, price 1s. 3d.; it can be obtained through any bookseller, and those nurses who can find time should study it.

### THE INSURANCE COMMISSIONERS.

It may interest our readers to know that the following are the Commissioners appointed under the Insurance Act:—

#### ENGLAND.

Sir Robert Morant (Chairman), Mr. J. Smith Whitaker (Deputy Chairman), Mr. J. S. Bradbury, Mr. D. J. Shackleton, Mr. J. Lister Stead, Mr. Thomas Neill, Miss Mona Wilson, and the Chief Registrar of Friendly Societies.

#### SCOTLAND.

Mr. James Leishman (Chairman), Dr. John Christie McVail (Deputy Chairman), Mr. J. McNicol, Miss Mary Muirhead Paterson, and the Chief Registrar of Friendly Societies.

#### IRELAND.

Mr. Joseph Aloysius Glynn (Chairman), Mr. W. S. Kinnear (Deputy Chairman), Dr. W. J. Maguire, Mrs. Marie Louise Dickie, and the Chief Registrar of Friendly Societies.

#### WALES.

Mr. T. J. Hughes (Chairman), Dr. H. Meredith Richards (Deputy Chairman), Mr. J. Rowland, M.V.O., the Hon. Violet Blanche Douglas-Pennant, and the Chief Registrar of Friendly Societies.

## LEGAL MATTERS.

### IN THE GUISE OF A NURSE.

Once again the nursing profession has to bear the onus of the misdeeds of a criminal, who posing as a nurse has made use of her opportunities in private houses to rob the patients upon whom she was engaged to attend on the strength of forged certificates. It may be surmised what treatment the sick received at the hands of this persistent criminal woman—Kathleen MacCormac, *alias* Craven, who has now been sentenced to eight months' imprisonment at Dover Quarter Sessions for stealing three diamond rings, valued at £70, the property of a patient whom she has been engaged to nurse.

Fraud—forgery—theft—a goodly trio of qualifications on which to build up a connection as a private nurse, but it seems to have succeeded. The history of this woman's career as detailed at Dover by the Chief Constable is as follows:—The father died in the Plumstead Infirmary, the mother lived at Brighton. In 1897 she was bound over on two charges of felony, for stealing goods to the value of £22, and for stealing lace curtains, in each case from a patient whom she was nursing.

She then seems to have disappeared until after the South African War when she alleged she had served in that campaign, produced testimonials purporting to be from the Base Hospital at Bloemfontein, and wore war medals. She, however, has now admitted that the testimonials were forged. From March to August last year she was employed at the Nurses' Home, Manor Park, Lee, from which she was discharged.

In September last, on the strength of a certificate of three years' training from the Meath Hospital, Dublin, and a testimonial from a lady at Brighton, she was engaged by the Dover Nurses' Home, and during a short stay there obtained goods on credit from a draper in the town to the value of £5. She has admitted that she has never been at the Meath Hospital, and that she herself forged the testimonial.

In the case of the theft for which she has just been convicted she took the rings to local jewellers, had the diamonds replaced by paste, and sold the diamonds to Brighton and Dover jewellers for £12 10s. 0d.

We are glad to note that the Chairman of the Dover Bench of Magistrates, in passing sentence, said the case was more serious as deliberate theft was committed while the woman was in the guise of a nurse. Too often criminals appear to excite the compassion of magistrates by appearing before them in the uniform of an honourable profession.

We desire to emphasise that this woman was first convicted of crime in 1897, and had there been a Register of Trained Nurses it would at once have demonstrated that she was not a trained nurse, and that those employing her did so at their own risk. But for the past 14 years she has deceived and battered upon an unsuspecting and credulous public, to the detriment of the sick

as, owing to the lack of State organization and control of the nursing profession, criminals, posing as trained nurses, are now able to delude the public with the greatest impunity.

We hope that the Government will realize their responsibility to the community in this matter and, in the coming session will, as they have the power to do, give facilities for the Nurses' Registration Bill to pass into law. The House of Lords has, without hesitation, supported the principle of Nurses' Registration by passing the Bill introduced by Lord Ampthill in 1908 without a division. It now remains for the House of Commons to realize its responsibility, and to trifle with this question of national importance no longer.

## REFLECTIONS

FROM A BOARD ROOM MIRROR.

The appeal issued by the Queen's Hospital for Children, Hackney Road, Bethnal Green, E., should commend itself to the generosity of women both because of the good work which it does in one of the poorest and most crowded districts of this great metropolis, and because it was founded by a woman, and is the only children's hospital in London with women on the committee. It is almost inconceivable that men should exclude the mother element from the management of hospitals in which children are received; but this being so, women will do well to concentrate their interest upon the hospital which has broken through this narrow exclusiveness. The hospital is most fortunate in its executive officers, Mr. T. Glenton Kerr, the secretary, and Miss A. M. Bushby, matron; and efficiency goes hand-in-hand with economy. The committee are at present hampered by a debt on the new buildings, which were absolutely necessary. This has been reduced from £12,000 to £2,750; but an overdraft at the bankers for maintenance makes its total debt over £5,000. Queen Alexandra is patron of the hospital, and the appeal is signed by H.R.H. Princess Henry of Battenberg, president, and several members of the Ladies' Association.

From the beginning of the New Year, general notification of pulmonary tuberculosis in England and Wales is made compulsory by an Order issued by the Local Government Board. The regulations, which will be enforced by the various sanitary authorities, will complete the system of notification inaugurated in 1908. Medical practitioners will have a somewhat delicate task in conforming to this Order, although the records left by the medical officers of health are to be regarded as strictly private and confidential. For many years the death-rate from pulmonary tuberculosis has steadily decreased, and in 1909 it was as low as 10.93 per 10,000 of the population.

The Charterhouse Hospital, which has just celebrated the tercentenary of its foundation, was

endowed by Thomas Sutton, who for many years was Master of the Ordnance to Queen Elizabeth. The place which he purchased for the foundation of his charity was known as Howard House, and the qualifications for admission to the Brotherhood were limited to such as were poor and had served their country, and "could bring good testimony of their good behaviour and soundness in religion."

Archbishop Laud and Oliver Cromwell were amongst its famous Governors. The Charity to-day is limited to poor gentlemen and the inmates enjoy practically absolute liberty.

## WELCOME HELP.

The President of the Society for the State Registration of Trained Nurses acknowledges with many thanks the following donations to the funds of the Society: Miss Dinie, 5s.; Miss C. Crichton-Stuart, 5s.; Mrs. Stabb, 5s.; "A Registered Nurse" (New Year's Gift), 5s.; Miss E. L. C. Eden, 5s.

## NURSES' PROTECTION FUND.

The following donations to the Nurses' Protection Fund (National Insurance Act), are gratefully acknowledged: Kingston Infirmary Nurses' League (per Miss A. Smith), 10s. 6d.; Miss Dinie, 5s.; "A Registered Nurse" (New Year's gift), 5s.; Miss A. McCabe, 2s.; Miss E. M. Dickson, 2s.

## HEALTH ALPHABET.

A is for Adenoids which no child should own.  
 B is for right Breathing to give the lungs tone.  
 C is for Cough which we should not neglect.  
 D is for Dentist who finds tooth defect.  
 E is for Evils of foul air and dirt.  
 F is for Fresh Air—too much cannot hurt.  
 G is for Gardens where boys and girls play.  
 H is for Hardiness gained in that way.  
 I is for Infection from foul drinking cups.  
 J is for Joy in the bubbling taps.  
 K is for Knowledge of rules of good health.  
 L is for Lungs whose soundness is wealth.  
 M is for Milk—it must be quite pure.  
 N is for Nurses, your health to insure.  
 O is for Oxygen, not found in a crowd.  
 P is for Pencils—in mouths not allowed.  
 Q is for Quiet, which sick people need.  
 R is for Rest—as part of our creed.  
 S is for Sunshine to drive germs away.  
 T is for Tooth-Brush used three times a day.  
 U is for Useful Health rules in the school.  
 V is the Value of learning these rules.  
 W is for Worry, which always does harm.  
 X is for 'Xcess—indulge in no form.  
 Y is for Youth, the time to grow strong.  
 Z is for Zest. Help the good work along.  
 —By a Chicago Tuberculosis Nurse, in the "Illinois Quarterly."



## OUR FOREIGN LETTER.

### REGISTRATION IN CANADA.

On November 9th, Miss Ard-Mackenzie, Superintendent of the Victorian Order of Nurses in Canada, gave a most interesting lecture on "State Registration of Nurses," at the Nurses' Home of the Vancouver General Hospital, B.C., which was attended by a large number of nurses and others interested in the question. Having been appointed Convener of a Committee, to deal with this important question, on behalf of the Canadian Society of Superintendents of Training Schools for Nurses, Miss Ard-Mackenzie is taking the opportunity afforded by her annual visit of inspection from the Atlantic to the Pacific, to lecture at the various associations of graduate nurses throughout the Dominion of Canada. The plan of action is masterly and logical in the extreme. The individual associations in each province are advised to join forces, and are then invited to send up two representatives to the general meeting, to be held in May, when each provincial association can present its own proposed bill for registration, with any suggestions that may seem advisable; out of all this a model and comprehensive bill will be drawn up, after due discussion, which each association will bring up, as far as possible, at the same time, before the provincial legislative assemblies, thus showing that the bill voices the demand of the trained nursing profession as a whole. It is hoped that such a unanimous appeal will be met with the success that it should command in a country where the pioneer women, the mothers of the cities, are rated at a higher valuation than in many countries of an older civilisation.

In the course of her lecture, Miss Ard-Mackenzie referred to the advantages of registration in providing a hall-mark for nurses, so that the sins of omission and commission of the untrained might not be visited on them (we have enough of our own to be responsible for!); and protection for the general public and the medical profession. At present the training of the nurses depended upon the standard and individual capacity and character of the superintendent of the hospital, and hence a general standard could not be maintained, nor could undesirables be kept track of and disenrolled.

When a professional status is given, better educated women will be attracted, for the newer branches of nursing, such as social service and school and factory nursing, called for women of more varied capacity than the ordinary ministrations to the sick. Amongst the difficulties to be met are:—

1. The natural English conservatism, which, though good in preventing bad mistakes being made, often retarded progress, and caused a suspicion of new measures, just because they were new.

2. Several training schools had started by giving a poor training, practical only, with no definite instruction, often caused by the hospitals boards

being too economical, and evading the duty of having paid workers.

3. Misunderstandings. Imagining that registration would create a huge labour union, with an eight-hour day and a regulated wage; and that by this means nurses from large training schools would bar out those from smaller, less-known hospitals. A false idea was prevalent, that untrained nursing would be prevented. "A good, honest girl won't be able to nurse her poor old father and mother!" It is only the nursing under false colours that will be interfered with.

4. The indifference of nurses themselves. Many argue thus: "I'm not going to gain anything by registration; why should I worry about another exam? It's not worth while for me, because I don't intend to nurse for long, and I can get all I want from the doctors I know."

5. The doctors: and yet the best are anxious for nurses to have some legislative measure. As one expressed it lately, in Western phrase: "I have had some great lemons handed to me." When patients ask, as they often do, for "some of those dreadful stories about your patients, nurse, dear," turn their attention to the question of registration, and of the risks they might have run if you had not been a R. N." Influence should also be brought to bear on the press, and encouragement given to all those reporters who give a true account of nurses' meetings, and do not content themselves with a headline, "Nurses criticise the attitude of the hospital committee," referring to some unimportant remark, some side-issue, and ignoring the admirable address or interesting paper that would have given valuable instruction, if reported.

Miss Ard-Mackenzie considers that the Bill should settle the authority, by putting it under the Educational Department of the Province; and she hoped that before long there would be a chair of nursing in every Canadian University. The terms of admission, the duties of the examiner, and the power to transfer from one province to another, should all be clearly stated in the Bill.

With such a strong and able Convener, it seems highly probable that a Dominion Registration Bill, worthy of this young but lusty daughter of the Empire, will soon be placed on the Statute-book of Canada.

M. A. ELLISON.

### INTRINSIC BUSINESS.

The Winter Number of *Advertising*, 101, Fleet Street, London, E.C. (price 6d. net), is a notable issue. It gives a practical insight into the selling campaigns of European, Canadian, and American business houses, and is full of profitable suggestions for manufacturers and tradesmen who wish to promote good business. Among many strong articles are those dealing with the Cash on Delivery System, "The Science of Business Building," "Sandow Cocoa Manifesto," and the advertising of Wincarnis. In this last article a comprehensive list is given, among which favourable mention is made of THE BRITISH JOURNAL OF NURSING.



## OUTSIDE THE GATES.

## WOMEN.

We have had several letters from nurses, thanking us for bringing to their notice the new departure of the *Standard*, which now grants free press rights to women, by the daily publication of "The Woman's Platform." We are pleased to know that they now take the paper, and greatly value the free discussions on the Woman's Movement.

Mrs. Fawcett has an inspiring article on "1912" in *The Englishwoman*. She writes:—"It will be a momentous year in the history of Women's Suffrage. It offers the best chance of success in the House of Commons that Suffragists have ever had.

"It is, therefore, with feelings almost of awe that the great host of women who have worked so many decades earnestly and persistently for women's enfranchisement, come within sight of their goal. The forces that are working with us are stronger than they have ever been before. The conviction is growing to overpowering strength that women's suffrage is bound to come, and come soon, and this in itself unnerves our opponents and puts new strength and courage into suffrage ranks.

"England has the credit of having invented modern representative institutions; may she also have the credit of being the first of the Great Powers to extend their benefits to women. The women suffragists all over the world are watching. One, a Scandinavian, writes to me:

In this moment you fight for all of us: we all—far away and close by—are depending on your success. We all ought to be on our knees to ask that you have your best strength in these moments. I think on you and England almost from morning to night.

Another writes:

We all hope for your getting the suffrage almost as much as we hope for ourselves. Your suffrage is won for all the world. The women of every country shall profit by it.

How happy those of us who have worked, and paid, and suffered for this great human question! It has made fine stuff for future electorates.

Dr. Elizabeth Thompson Fraser, assistant bacteriologist at the Glasgow Royal Infirmary, has been awarded a Beit Memorial Fellowship of the value of £250, tenable for three years.

From the 24th February to the 24th March, 1912, an exhibition, embracing all women's work, will be held in the exhibition rooms of the Zoological Gardens, at Berlin. The space devoted to nursing exhibits is small, but will undoubtedly, from what we know of our German sisters, be well filled. The exhibition should be well worth a visit from anyone who is fortunate enough to be in Berlin at the time.

THE SEVENTH  
MARCHIONESS OF RIVIÈRE.

"A VERY PARFITE GENTLE KNIGHT."

(Continued from page 538.)

Andrea stood expectant within the grove, her left elbow on the gate bar, her cheek on her hand, and watched the horseman approach. The bridge path by which he must pass through the pastures was within a yard of her, and here was a gate which he must unlatch before he could go on his way.

As the rider came nearer she noticed that he wore the pink of the Beauvais hunt, and that man and beast had had a good day. You could not live in a fine sporting district without knowing blood stock when you saw it, in either man or beast, and the fastidious stepping over heavy ground of the horse, and the seat of its master, pleased Andrea.

Devoid of sentiment, she was impregnated with romance. Romance was associated in her mind with so many fine things—with courage—patience—idealism—fantasy. To adventure for the weak—to fight for losing causes—to live in outer darkness for them—and if needs be to die tortured for them—and yet always to be conqueror in life, and in death!

Here in imagination came riding "a very parfite gentle knight"—pale and pensive he was—chivalrous and gallant he must also be.

The "belovèd beast" and her master came to a standstill before the gate.

Why yet awhile withdraw the latch—although one must inevitably ride on into the night?

Here through the leafless twigs of overhanging trees, the tender grey of a dying day suffused an atmosphere of elemental calm.

Rest here awhile.

All the here and the hereafter know not rest.

Thus met casually two human beings—to meet once in this life only. Without speech both realised the deathless force of an impassioned hour.

"This is *the* Belovèd—this woman with the face of a star," sang the heart of the man—yet smiling down at her he asked simply, "How far am I from Beauvais?"

"Seven miles."

Then he dismounted.

"Come out of the shadow," he said, "come—and light me a little distance on my way."

The woman stepped into the open. "So far as the mill I will go," said she.

Then they laughed joyfully, knowing full well to the end of all worlds would they go—and a wild bird scenting the coming of spring added blithe notes in harmony.

An enchanted hour? May be.

Few words passed between them.

By the old mill they were alone at the top of the world.

The red sun had vanished, an exquisite veil of mist enshrouded them—nestling on the bough birds twittered little tuneful sounds—presage of the music of mating—to the primal appeal of which no human heart can beat unmoved.

As they bade one another farewell he slipped off his glove to hold her hand, and held it very warm and dear.

"We shall meet again," he said with passion.

"Maybe," she answered lightly.

Then they went their ways.

And swiftly it was night.

ETHEL G. FENWICK.

(To be continued.)

## BOOK OF THE WEEK.

### THE FOLLOWING OF THE STAR.\*

The Feast of the Epiphany is a happy day on which to publish a review of Mrs. Florence L. Barclay's charming book, "The Following of the Star," divided into three sections—Gold, Frankincense, and Myrrh.

The hero of the book is David Rivers, young and ardent, devoted to his work as a missionary.

Fate led David into a sleepy parish in Hampshire as *locum tenens* for the Rector. He was home "on sick leave from the wilds of Central Africa; aflame with zeal for his Lord, certain of the inspiration of his message; accustomed to congregations to whom every thought was news, and every word was life."

The last Sunday of his ministry in his temporary charge chanced to fall on Christmas Eve, and, in the depths of discouragement, he dubbed his morning sermon a failure—not without some reason, one would think, if he could have heard the conversation which took place over the Smith dinner table subsequently.

"What did that young man mean?" remarked Mrs. Smith. "... Seems to me if he stays here much longer we shall have no Bible left!"

"I've no patience with these young chaps," burst out Mr. Smith. "Undermining the faith of their forefathers; putting our good old English Bible into 'Ebrew and Greek, just to parade their own learning and confuse the minds of simple folk. 'Higher criticism' they call it. Jolly low-down impudence, say I."

Mrs. Smith watchfully bided her time. Then: "And popish, too," she added, "to talk so much about the mother of our Lord."

"I don't think he mentioned *her*, my dear," said Mr. Churchwarden Smith. "Pass the mustard, Johnny."

Conscious of the antagonism and criticism of the greater part of his congregation, David speculated on the attitude of one of his hearers, whom he thought of as a "Lady of Mystery," as he finished preparing his evening sermon. She had

first appeared on the evening of his second Sunday, and "David's first impression of her was of an embodiment of silence and softness, so silently she passed up the church and into the empty pew. No rustle, no tinkle marked her progress; only a silent fragrance of violets. And of softness—soft furs, soft velvet, soft hair, and soft grey eyes, beneath the brim of a dark green velvet hat."

From that hour David's evening sermons were prepared with the more or less conscious idea of reaching the soul of that calm, immovable Lady of Mystery. She did not attract him as a woman. He had faced it out that a missionary's life in a place where wife and children could not live meant celibacy; but he wanted this beautiful personality, this forceful character for his Master's service.

And she wanted David—wanted to marry him, otherwise by her uncle's will she would lose her wealth if she did not marry within a year of his death, and the year had nearly expired. A nominal husband in Central Africa seemed the best solution of her difficulty, and she would have been less than woman if she had not attained that on which she had set her heart.

The experiment was a risky one—one which few but the chivalrous David would have cared to make—and it brought grief and pain to husband and wife. That their troubles were eventually solved was due to the utter honesty of both.

M. B.

## COMING EVENTS.

January 10th.—The Royal Infirmary, Edinburgh. Lecture: "Surgical Emergencies from the Nursing point of view." By Mr. George Chiene, F.R.C.S.E. Extra mural Medical Theatre. 4.30 p.m. Trained Nurses cordially invited.

January 16th and 17th.—St. Bartholomew's Hospital, E.C.—Christmas Entertainment for the Resident Hospital Staff, Great Hall, 7.45 p.m.

January 17th.—Meeting Matrons' Council of Great Britain and Ireland. Business meeting: Address on "The Instruction of Nurses in Some Aspects of Venereal Disease," by Dr. Florence E. Willey; 4.31, Oxford Street, London, W. Business Meeting, 3 p.m.; Tea, 4 p.m.; Address, 4.30 p.m.

January 18th.—Open Meeting for Nurses to receive Report from the Nurses Protection Committee, *re* National Insurance Bill. Mrs. Bedford Fenwick in the Chair. Miss Molllett will speak on "An Approved Society for Training Nurses," Morley Hall, 26, George Street, Hanover Square, London, W., 8 p.m.

February 15th.—National Council of Nurses of Great Britain and Ireland. Meeting—4.31, Oxford Street, London, W.; Cologne Congress Business, 3.30 p.m.; Dickens Tea Party, Saïrey Gamp "At Home," 5 p.m.

## A WORD FOR THE WEEK.

Look up and not down. Look forward and not back; Look out and not in; and lend a hand.—

EDWARD E. HALE.

\* G. P. Putnam's Sons, 24, Bedford Street, Strand, London, W.C.

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

## A HAPPY NEW YEAR FROM GERMANY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MY DEAR EDITOR,—To you and all British Nurses, especially to my dear JOURNAL friends, a Happy New Year. I am waiting for a reply from the Minister of the Education Department before making definite arrangements for our Nursing Congress, but hope to write soon.

Very truly yours,  
AGNES KARLL.

Cologne.

## GREETINGS FROM FINLAND.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR EDITOR,—In delightful anticipation of the next number of the BRITISH JOURNAL OF NURSING, I want to send you my very best wishes for the New Year, when we hope to have the pleasure of seeing you again at the head of your army of Nurses at the Congress at Cologne.

Very sincerely yours,  
SOPHIE MANNERHEIM.

Helsingfors.

## GREETINGS FROM BASUTOLAND.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR ED TOR,—Just a line to convey love and greetings for Christmas time to all old friends to whom I am unable to write individually. A most successful New Year to your dearest endeavours is the wish of

Yours ever sincerely,  
Mohales Hoek. JANE C. CHILD.

## COMPULSORY FEVER TRAINING FOR REGISTRATION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In your issue of the 23rd ult., Dr. P. H. Robertson expresses the opinion that "neither the S.N.A., nor its President, holds that fever training should be compulsory for all nurses." I am very glad to know that Dr. Robertson is of this opinion, but I fear his remark that I have "been misled, quite excusably, by the newspaper report of Sir William Macewen's remarks at the Annual Meeting of the Scottish Nurses' Association," held on November 23rd, can hardly be regarded as conclusive. It was reported by the Press—Scottish daily as well as professional—that Sir William Macewen said: "The fever nurses had occupied a considerable part of the report, because the Association had tried to put their training on such a footing that it would be acknowledged as a certain *part of the education*

*that the State would insist upon all nurses undergoing."* I am responsible for the italics. How can this sentence, in which there does not appear to me to be any ambiguity, be construed otherwise than that fever nursing should be part of the training required before a nurse can be registered by the State? It is in a subsequent sentence that Sir William Macewen emphasises the point that fever training should count as part medical training.

As I have remarked, the report appeared in the daily, as well as the professional Press, it has gone far and wide; without (so far as I am aware) contradiction. It has, I have reason to know, caused a good deal of very adverse criticism, not only among nurses, but among the general public who are favourable to the passing of an Act for the State Registration of Nurses.

I am, yours faithfully,  
E. A. STEVENSON,

*Member of the Scottish  
Nurses' Association.*

Bay View, Johnshaven,  
Kincardineshire.

## BACHELORS AND THE BIRTH-RATE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I am much interested in the correspondence on the above subject. I agree with Jessie Harvey—how can a man give judgment on such a subject? I am one of twelve children, seven of whom died in infancy; of the remaining five, the eldest was thirteen years, the youngest thirteen months, when our mother died also. My father believes that children are a gift from the Lord; well, so they may be, but a mother is a greater gift, and we five had no one to take her place. I contend it is better to have a small family, and live for them and with them, than die an early death through keeping up the birth-rate. Jessie Harvey is one of my ideal mothers, and I hope she will not kill herself by having a large family, though I ought to take an interest in a high birth-rate, being a

MATERNITY NURSE.

## COTTAGE NURSES IN IRELAND.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—A letter on Cottage Nursing appears in your last issue, signed by the President of the United Irishwomen.

It seems incredible that a body of women, who are doing such excellent work in many ways, can be aware of the wrong they are committing by introducing half-trained women to act as nurses for the sick poor. We matrons who have been fully trained know that the first three months' training gives but the merest smattering of knowledge, and we also understand what harm may be done through ignorance, and what real danger to life lies in incompetent nursing. The fact that a doctor is often 30 miles away from his patients forms the strongest plea that these poor sick



people should have fully-trained nurses. Those who propose to employ partially trained women take upon themselves a heavy burden of responsibility, for the mistakes which occur from unskilled labour not only endanger but may cost life.

As it seems altogether to be a question of finance, I would suggest the formation of a Central Fund, which would supplement the contributions from each district, thereby providing a skilled nurse. The Irish Matrons are only too willing to co-operate with the United Irishwomen and to help in every way.

Yours faithfully,

A. CARSON RAE,

*Member of Irish Matrons' Association.*

(The proposal to establish a Central Fund, to help local effort to supply thoroughly trained nurses for the very poor in Ireland, is well worthy of consideration by the United Irishwomen. No doubt this body is inspired by the kindest and worthiest motives, but this is not enough when the health and lives of fellow creatures are at stake. A three months' smattering in "nursing" is worse than useless; it is a public danger if such workers are dressed in professional uniform and encouraged to consider themselves "trained" nurses. The careful consideration of this question is one to which we hope the Irish Matrons' Council will give time. Never in the annals of nursing since district nursing has begun, has so inefficient a standard of training as the three months suggested by the United Irishwomen, on the Holt Ockley system, been adopted. We earnestly hope that the rural poor in Ireland may by some means be protected from the extension of so dangerous a system of cottage nursing.—Ed.)

### THE GOSPEL OF WORK.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—In connection with your most interesting Editorial last week, on "The Gospel of Work" (with which I agree with all my heart), I think you may like to see the following verses which I came across (unsigned), a short time ago.

Every mason in the quarry,  
Every builder on the shore,  
Every woodman in the forest,  
Every boatman at the oar;  
Hewing wood and drawing water,  
Splitting stones and clearing sod;  
All the dusty ranks of labour  
In the regiment of God,  
March together towards His temple  
Do the tasks His hands prepare:  
Honest toil is holy service,  
Faithful work is done by prayer.

Yours sincerely,

E. P. CRAIG.

Fleet, Hants.

### OUR BOOK OF THE WEEK.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—THE BRITISH JOURNAL OF NURSING was sent to me for December 16th. I was away from home at the time, and it was not forwarded to me, but now I have seen it and read your review of my novel, "Ripe Corn." I would like just to write my appreciation of it. I think of the many my publishers have sent me to read none have pleased me more than yours.

Believe me,

Yours truly,

S. C. NETHERSOLE.

King Street, Sandwich.

### REPLIES TO CORRESPONDENTS.

*Mrs. Evans, Aberystwyth.*—The National Insurance Act is now published in its final form, and is obtainable through any bookseller, price 1s. 3d., or from Wyman & Sons, Ltd., Fetter Lane, E.C. It consists of 115 Clauses, and requires careful and prolonged study if its provisions are to be mastered.

*Private Nurse.*—Motor neurosis is a form of gastric neurosis, in which there is super-mobility of the stomach, which causes it to discharge its contents too quickly. Often there are nervous eructations of gas, or vomiting, almost immediately after meals, without nausea.

### OUR PRIZE COMPETITION FOR JANUARY.

*January 13th.*—How should male nurses be trained to fit them for their duties?

*January 20th.*—How would you deal with the umbilical cord, from the moment of birth till its separation from the child?

*January 27th.*—What care must be taken when removing the clothes of a person badly burned?

### NOTICES.

#### THE ISLA STEWART ORATION PAMPHLET.

The Isla Stewart Oration Pamphlet with Portrait can now be obtained from THE BRITISH JOURNAL OF NURSING Office, 431, Oxford Street, London, W. Price One Shilling.

#### NEW SUBSCRIBERS.

The Editor hopes that every reader, who values THE BRITISH JOURNAL OF NURSING, will get one or more new subscribers—so that its constructive work for the profession may receive ever increasing support.

#### STATE REGISTRATION OF TRAINED NURSES.

Full information as to the movement for the State Registration of Trained Nurses, and application forms for joining the Society can be obtained from the Hon. Secretary of the Society for the State Registration of Trained Nurses, 431, Oxford Street, London, W.



# The Midwife.

## A NOTABLE PIONEER.

The interesting portrait published on this page is of Mr. Bartholomew Mosse, who, on March 15th, 1745, struck by the miserable condition of the poor mothers of Ireland, opened a Lying-in Hospital, in George's Lane, Dublin. The portrait is from a print found amongst some old papers by a friend of the Rev. C. F. Breay, Senior Chaplain, Madras Establishment, to whom we are indebted for the information.

Mr. Mosse was the second son of the Rev. Thomas Mosse, and grandson of Michael Mosse, of Cork. His father was a chaplain to William III., and was presented by that monarch to the Rectory of Maryborough, Diocese of Leighlin, and the Prebend of Fethard, Diocese of Ferns.

Bartholomew Mosse was born in 1712, and apprenticed to Mr. John Stone, a Dublin surgeon, receiving a license to practise surgery in 1733. He travelled much on the Continent, and then settled in Dublin, where he specialized in midwifery. Though often referred to as M.D., there is nothing to show that he obtained that degree. He was twice married, first in 1734, to Elizabeth Mary Mallory; and secondly, in 1744, to Jane, daughter and sole

heiress of the Ven. Charles Whittinghame, Archdeacon of Dublin.

The lying-in hospital established in St. George's Lane, Dublin, was the first institution of its kind in the United Kingdom, and was only preceded by

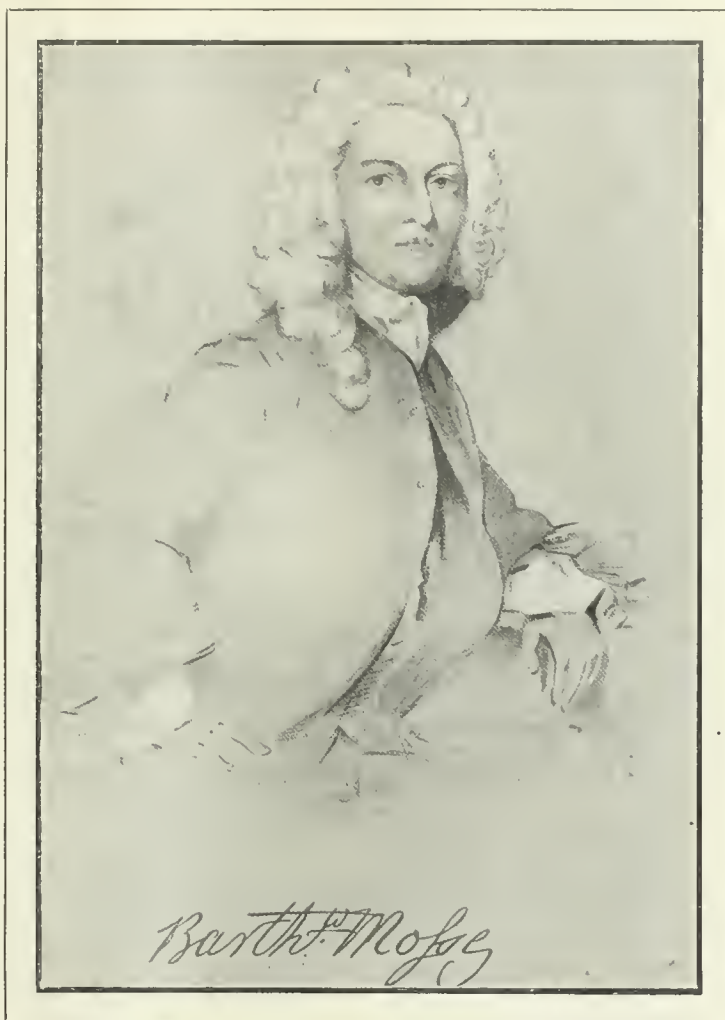
a few months by one in Paris, the first in all Europe.

Mr. Mosse purchased land in Dublin, where he proceeded to erect the present Rotunda Hospital, the designer being Mr. Richard Cassels, a famous Dublin architect. The first stone was laid by the Lord Mayor, on May 24th, 1751. The hospital was granted a Royal Charter on December 2nd, 1756, and opened on December 8th, 1757.

Parliament granted £6,000 to the Hospital, and £2,000 to Mr. Mosse in 1757, but he spent all his fortune on the hospital, and died in somewhat indigent circumstances on February 16th, 1759, being buried at Donnybrook.

Parliament subsequently granted a further sum of £9,000 to the hospital; and £2,500 to Mosse's widow and children.

The Board Room of the hospital contains a portrait of its founder, and in the hall is also a bust reputed by Van Nost. From the date of its foundation to the present time thousands of poor women have reason to be grateful to Mr. Mosse,



THE FOUNDER OF THE ROTUNDA HOSPITAL, DUBLIN.

for the treatment and care they have received there. The standing of the hospital is of the highest, and its reputation as a training school for midwives and nurses excelled by none.

### A CASE OF ECTOPIC GESTATION.

Dr. W. Manson Fergusson, Assistant Surgeon to Chalmers Hospital, Banff, reports in *The Lancet* the following interesting case of ectopic gestation which should serve to make midwives chary of making a vaginal examination in cases where they have reason to suspect extra uterine pregnancy. Dr. Fergusson reports:—

"The patient, married, aged 29 years, sent for me on August 29th, 1911, and gave the following history. On August 11th she had not menstruated for seven weeks, and on that date she passed a "fleshy lump," accompanied by a certain amount of blood. She was quite well until the 25th, and on that day was seized with pain in the lower part of the abdomen and severe vomiting. This attack lasted only a few hours and she felt fairly well until the 26th, when what she thought a period started, along with very severe pain in the left iliac region and vomiting. She kept her bed and applied hot fomentations. The pain and vomiting ceased, but the vaginal discharge continued.

"When I saw her for the first time at about 1 p.m. on August 29th she was feeling quite well, but had a little tenderness in the left iliac region, and on vaginal examination a distinct swelling was palpable immediately to the left of the uterus. I suspected that it was a case of tubal pregnancy, told her husband of my suspicions, and advised a consultation the following day. About three hours after my visit she was again seized with pain and vomiting, and fainted. I was sent for and on my arrival found her very collapsed, her pulse running at 130, and her temperature would not rise above 96° F. There was dulness on percussion all over the lower half of the abdomen and up to the left flank.

"As it was a small house in the country I had her taken into hospital, although it was five miles away. She had no radial pulse on arrival at hospital about 10 p.m., but was put on the table immediately and given a rectal saline with brandy and adrenalin. On opening the abdomen I found it almost full of blood and blood clot. The left tube was distended to the size of a hen's egg, and had ruptured on its posterior aspect. The left tube was removed and the abdomen sutured up, after irrigating with saline solution, a quantity of which was left in. Rectal salines containing  $\frac{1}{2}$  oz. of brandy and 1 dr. of liq. adrenalin were given four-hourly for 48 hours, and the patient gradually rallied and made an uninterrupted recovery.

"The case is undoubtedly a very typical case of ectopic gestation ending in primary rupture into the abdominal cavity, and the only rather rare feature is that the attacks of abdominal pain

were accompanied by severe vomiting. The reason why I have reported it is that I consider it a very good example of the harm which may be done by a vaginal examination if the least force is used to determine the pelvic condition. I was extremely careful in my examination, but I am convinced that my examination had something to do with the final rupture."

### MEDICAL FEES IN MIDWIVES' CASES.

The National Insurance Act, Clause 18 (1) Part 2, should do much to settle the vexed question of the payment of medical fees in midwives' cases, to insure to midwives the assistance of a registered medical practitioner if necessary, and to prevent persons who have made due provision for a confinement being compulsorily pauperised by being required to apply for the parish doctor. The clause runs: "Provided always that the mother shall decide whether she shall be attended by a duly qualified medical practitioner or by a duly certified midwife, and shall have free choice in the selection of such practitioner or midwife, but if, in the case of a midwife being selected, a duly qualified medical practitioner is subsequently summoned in pursuance of the rules made under the Midwives Act, 1902, the prescribed fee shall, subject to regulations made by the Insurance Commissioners, be recoverable as part of the maternity benefit."

### CENTRAL MIDWIVES BOARD.

At the December examination of the Central Midwives Board 316 candidates were examined and 254 passed. The percentage of failures was 19.6.

### CHRISTMAS IN THE MATERNITY HOSPITALS.

The maternity hospitals were in no wise behind the general ones in giving the patients a good time at Christmas.

The festivities at the General Lying-in Hospital, S.E., began on Christmas Eve, when the sisters and nurses, carrying coloured lanterns, went the round of the charmingly decorated wards, singing Christmas carols and hymns. Early on Christmas morning there were great rejoicings when each mother found beside her bed parcels containing pretty and useful clothing, while each baby received a woollen jacket and hood.

The Christmas dinner was served by the Matron, sisters and nurses, and in the afternoon Father Christmas (the house surgeon) went his rounds, bearing a fine bran tub. The delight of dipping into this wonderful tub was shared by the fathers, who had been invited to tea, and many were the treasures brought to light.

The Christmas rejoicings were brought to a close on December 30th, when the domestic staff and their friends spent a very happy evening.

# THE BRITISH JOURNAL OF NURSING

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## EDITORIAL.

### NURSING HANDICRAFT.

One of the marks of the good nurse is the daintiness with which her work is performed—performed with a pride of craft which no book knowledge can inspire. Thus, though the foundations of a nurse's knowledge must be well and truly laid in the scientific principles which underly her work, the superstructure must be built by herself, and each has an individuality which makes or mars her success, so that of two nurses who have passed through the same curriculum one may succeed and the other fail in her subsequent career.

Many qualities go to the making of a first-rate nurse, the clear head, the deft and clever hand, the sympathetic and understanding mind. Head and hand must work in close association, if the well-being of the patient is to be assured. Of what use is the most accurate head knowledge of right methods if they are clumsily carried out? From the new born baby upwards a patient realizes instinctively if his nurse has the true nursing touch. Gentle, firm, sympathetic it gives confidence, and imparts a sense of rest and peace. On the other hand, to be handled by a woman who does not possess it, be she never so mechanically skilful, is a continual annoyance to a sensitive patient.

To such an one the hand of his nurse conveys so much, without a word being spoken on either side. Some hands seem indeed to possess definite healing power, others soothe and comfort as they minister, all convey some knowledge of the personality of their possessor, and it is probable that few of us realize how much of ourselves we reveal to

those whom we nurse through the sense of touch.

Therefore those who are naturally clumsy had better consider seriously before taking up nursing as a profession, for many demands will be made upon their deftness. In the making of beds, the arrangement of diet trays the padding of splints, the preparation and application of dressings and bandages to injured, painful and wounded limbs, the nurse will continually need a light, sure, and sympathetic touch. While much can be done to educate hands, which have latent possibilities, in the course of training, there are others which can never be inspired with nursing qualities, and the experienced Matron in selecting probationers acquires the habit of making an expert study of hands as well as face, for she has learnt to regard them as an index of a candidate's suitability, or the reverse.

Think of the effect of a sensitive hand on the insane, the outcast, the criminal.

Again it is the hand of the trained nurse which has transformed our hospital wards from repulsive looking barracks, to havens of attractive restfulness to which the sick poor turn with confidence in time of need.

And, to mention only one more instance of the revolution caused by the hand of the trained nurse, consider its influence in our hospital mortuaries. Formerly friends of patients turned from them shocked and horrified, now they are transformed into resting places by the way, in which tired bodies may appropriately be laid, and mourners visiting their dead, are comforted and consoled by the care and love which surround them.

Truly nursing is a handicraft of which those who practise it have reason to be proud, and one which they would not willingly change for any other.



## MEDICAL MATTERS.

### THE TREATMENT OF GLAUCOMA.

Dr. J. Herbert Parsons, F.R.C.S., Ophthalmic Surgeon, University College Hospital, and Surgeon to the Royal London Moorfields Ophthalmic Hospital, contributes to the *Lancet* an interesting article on "Theory and Practice in the Treatment of Glaucoma," in which he writes:—

"In 1856 Albrecht von Graefe, then a young teacher in the Berlin University, only 28 years old, introduced the operation of iridectomy for the relief of glaucoma. 'For thousands of years hosts of sufferers from glaucoma sank without relief into the night of blindness; by the introduction of iridectomy A. von Graefe pointed out the way whereby their vision might be retained. Had he accomplished nothing more, he would by this one act have merited the crown of immortality and a place in the little band of heroes who are the benefactors, not of a nation alone, but of all mankind.' These eloquent words, written more than 30 years ago by Professor Schmidt-Rimpler, would be endorsed by every ophthalmologist to-day. None the less, the battle is not yet won, for to-day, too, thousands of sufferers from glaucoma drift into the night of darkness, not, it is true, wholly unrelieved, but often, unhappily, with a relief which is but a postponement of the inevitable end.

"Glaucoma, in the broad use of the term, is the condition of pathologically increased intraocular tension. Two great groups of cases may be distinguished: those in which increased tension is the result of inflammatory changes occurring in the ciliary body, and those in which there is no evidence of primary inflammatory change in any part of the eye. It is well to reserve the term glaucoma, in its narrower sense, for the latter group. The pathology of these cases is quite different, and it is amongst them that iridectomy and cognate operations are most clearly indicated.

"This group again is broadly subdivided into two sub-groups—primary acute and chronic glaucoma. The former is characterised by sudden onset, great increase of tension, intense vascular congestion, and severe pain; the latter by insidious onset, slow progress, intermittent and often scarcely appreciable increase of tension, absence of marked vascular congestion, and freedom from pain. In the former the vision fails very rapidly; in the latter very slowly. The difference between the two classes is so marked that they might almost be considered different

diseases. They have this point of contact, however, in that the chronic cases are subject to exacerbations in which the tension is suddenly raised and the case assumes all the characteristics of a primary acute glaucoma. Primary acute glaucoma is remarkably amenable to operative treatment by iridectomy. The effect is little short of magical; tension and pain are relieved immediately, and if the operation is performed sufficiently early vision is rapidly restored. In chronic glaucoma, on the other hand, iridectomy often fails to stay the progress of the disease. It is by the brilliant results of iridectomy in primary acute glaucoma that von Graefe is still held to merit that crown of immortality which he wears as the benefactor of mankind.

"Without the wish to dim the lustre of a single jewel in von Graefe's crown, it should be salutary to human intellectual arrogance to note that in the discovery of the cure of primary acute glaucoma by iridectomy theory and practice did not march hand in hand. Von Graefe, with that extraordinary clinical insight which distinguished him more than any other ophthalmologist of the day, with the exception of Mackenzie, had noticed the diminution of intraocular tension following iridectomy in cases of partial anterior staphyloma, corneal ulcer, and so on. He was of opinion that experimental researches on animals supported the view that excision of a broad piece of iris permanently diminished the tension of even the normal eye. Subsequent experiments by more delicate methods do not support this view, and it must be conceded that iridectomy for glaucoma was founded upon deductions from false premises. So notable an example may well instil caution in the acceptance of even the most plausible theories, particularly in biological questions, the complexities of which preclude the accuracy characteristic of physical and mathematical problems."

After discussing the current theories of intraocular tension, normal and pathological, in their bearing upon the treatment of chronic glaucoma, Dr. Parsons expresses the opinion that the formation of a filtering cicatrix holds out the best hope of alleviating chronic glaucoma.

### THE DRUG HABIT.

The Opium Conference at the Hague will do good service if it is able to secure concerted action between the Powers to control the traffic in opium, morphine, cocaine, and other dangerous drugs. The opium habit, which is on the increase in this country, is a most pernicious one.



## THE TRAINED NURSE IN WESTERN CANADA.

By Miss G. E. A. LIPSETT.

Winnipeg, the gateway of Western Canada, boasts of many fine public buildings and institutions. This comparatively infant city of the prairies has the widest streets, the most imposing railroad depots, the most luxurious hotel, and one of the most up-to-date hospitals in the Dominion of Canada. It is of the Training School for Nurses in connection with the

pital. The instruction of the young women who volunteer their services in caring for its patients is carried on under the capable supervision of the Lady Superintendent.

The theoretical work is obtained from lectures, demonstrations and classes; the practical work in the hospital wards and the Margaret Scott Nursing Mission. The latter is district work.

The hospital training includes nursing in medical and surgical wards, maternity, children's wards, eye and ear, and the outdoor departments. Even the uninitiated can see that the course is comprehensive. The hospital



THE GENERAL HOSPITAL, WINNIPEG.

Winnipeg General Hospital and the opportunities that Western Canada has for the trained nurse that I wish to write.

The popularity and efficiency of this Training School is substantially attested by the erection at the present time of a fifty thousand dollar addition. The structure in use at the time of writing accommodates over one hundred nurses. It was thought large enough when it was opened, about four years ago, to cope with the demands that would be made on it for a decade. But the Board of the General Hospital found it necessary to spend half-a-million dollars providing accommodation for the sick, and the many new wards mean another hundred nurses will be required.

The training of nurses is considered one of the chief duties of the Winnipeg General Hos-

pital. maintains a splendidly equipped diet kitchen in charge of a graduate dietetist, who gives lessons in invalid cookery to all the students.

Well-educated women are a necessity in the nursing profession, and there is no place in the world that offers them as sure prosperity. The reputation of the Winnipeg General Hospital nurse has spread over the Continent, and she is to be found in New York's finest institutions, in the Sanatoriums of California, and all over Western Canada. One of the graduates is a lecturer on Hospital Economics in the Teachers' College, which is affiliated with the Columbia University of New York City. As our great prairie country develops the people recognize the need of hospitals, and the building of these means a call for a graduate nurse as Superintendent.

Not only are there many openings for the nurse in her profession, but there are many chances in our Western land of opportunity for the investment of the modest savings of the self-supporting woman. In this way any nurse who is industrious and reasonably economical can save and provide for her future. Let me cite the case of one girl I know. In fact, we who live in the West all know girls who have done better than the one I am going to tell you about. She saved up until she had a saving account of three hundred dollars. With this amount she made a first payment on a wheat farm which was offered at fifteen dollars an acre. It contained one hundred and sixty acres, and one hundred acres were ready for crop. She found a farmer near by who agreed to work it for two-thirds of the crop. Her yearly payment is three hundred dollars, but her third always clears this and leaves a balance on the profit side as well.

The next flight this nurse made was in real estate in the city of Winnipeg. She was offered a newly built seven-roomed house at twenty-seven hundred dollars, the cash payment being two hundred and fifty dollars. The rent was twenty-three dollars a month, and it covered the quarterly payments. Less than a year afterwards she sold the property for three thousand dollars. Her interest on this deal was more than a hundred per cent. on the amount of money invested.

I might tire you if I were to give you in detail the ventures of this small capitalist, but let me assure you that young women by the hundreds are amassing little fortunes in Western Canada.

But to return to other phases of the nurse's work in Western Canada. The Winnipeg General Hospital is the first in this country to introduce a Social Service department. The nurse in charge of this branch of the work visits the patients in the charity wards, visits their homes, and in reality follows up the case for the purpose of teaching the patient how to prevent a relapse. The nurse is able to impress the fundamental laws of health on the family at large, and to instruct its members in the value of fresh air and cleanliness.

The Social Worker also provides a place for the homeless convalescent to rest until he is strong enough to return to work. If his family is destitute while he is confined to his bed, the Social Service nurse notifies the proper relief agencies, which see that the wife and children are fed and kept warm during the absence of the breadwinner.

The School Boards in the larger towns and cities of Canada realise the need of a visiting

nurse to keep in touch with the physical welfare of the children. A great many nurses are deeply interested in this branch of professional work. The fact that their work is done at four o'clock appeals to many.

Some of the larger departmental stores employ one or more trained nurses. Every big store maintains a small hospital, where emergency cases can be cared for. There is always a nurse in attendance. Other nurses in these big establishments have as their sole duty the visiting of sick employees of the firm. They see that those not able to be at business have the proper care.

New avenues of usefulness are continually opening up for the graduate nurse in the progressive Dominion of Canada. There will always be abundance of work for those who are capable.

The life of the nurses in the Winnipeg General Hospital resembles that of one congenial family. The Trustees have not only made provision for the best of instruction being given, but have displayed substantial consideration for both the health and recreation of the nurses. A summer cottage, picturesquely situated on an island in the famous Lake of the Woods, is kept open all summer, and is maintained for the benefit of the Training School, enabling the pupil nurses, especially those far away from their homes, to enjoy a delightful holiday free of charge.

The social life of the Nurses' Home is pleasant. There is an abundance of sitting-rooms where the students are free to entertain their friends. Of course the Lady Superintendent exercises the same kindly supervision that a mother would over her daughters; and only women of superior education and refinement are selected, since it is acknowledged that no profession requires better equipped women, both in education and refinement, than that of nursing.

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## OUR PRIZE COMPETITION.

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We regret to state that the training of male nurses does not appear to be a subject which has been much studied by their women colleagues, and papers sent in on this subject have not added to the sum total of available knowledge. Nor have the male nurses contributed to it. As none of the papers attain the standard worthy of a prize, we regret we are unable to award one this week.

## STATE AID FOR POOR LAW NURSES.\*

By MISS BODLEY, MATRON, SELLY OAK INFIRMARY.

I have been asked to read a paper on State Aid as it will affect the Nursing profession, and the side that I have presumably been asked to dwell on specially is that of Poor Law.

Thanks in a large measure originally to the Nightingale Fund and to the pioneer work done by Miss Agnes Jones and other zealous workers in Poor Law Infirmaries, the standard of nursing has been, and is still, continually improving. The lot of a patient in a modern Poor Law Infirmary should at least be as happy as that of one in a modern hospital.

I shall consider the subject first from the view of nursing. By that I mean whether by State control the nursing of the sick poor would be more efficaciously carried out. We must therefore consider the circumstances which tend toward effective nursing, and this again should be considered from the personal point of view and from the point of equipment.

From the personal point of view the best staff would be expected to be found where necessary freedom of action and individuality goes with the security of tenure and an up-to-date hospital equipment. As another factor, other things being equal, it is obvious that the best staff should be found where their services are best rewarded. Poor Law Infirmaries, or State Hospitals as they have been called, are managed by Boards of Guardians elected by the ratepayers, and they are responsible to the L.G.B. for the economy and efficiency of the various Institutions.

The Regulations concerning the management of each Infirmary differ in detail only, each Infirmary formulating its own scheme of training based upon these general Regulations. Infirmary or Poor Law training is divided into the major and minor training schools, classed according to the number of patients which the Infirmary is certified to accommodate.

In the majority of large Unions the Infirmaries are self-administered, but in the smaller Unions the number of sick persons admitted to the Workhouse is not sufficiently great to necessitate a special Infirmary under separate control, and the patients are therefore nursed in wards in the Workhouse set apart for this purpose.

In 1907 an Association of the Matrons of the Poor Law Infirmaries was formed for the co-

ordination of the work and training in Poor Law Training Schools, the aim of the Association being to raise the standard of nursing in the institutions as a whole, so that such institutions as may be governed by the less progressive Boards of Guardians may be supported in their initiation of improved nursing conditions.

For the appointment of Matron, three years' training is insisted on by the L.G.B. She is responsible for the organization of the Staff.

In the majority of the Poor Law institutions the appointment of the nursing staff is largely in the hands of the Matron and Medical Superintendent. Certain Boards of Guardians, however, have allocated to themselves the duty of appointing the staff. The Matron hence becomes responsible for an organization in the selection of which she has had very little voice.

As regards security of tenure, no permanent official can be dismissed, but may be suspended from office until his, or her, case has been inquired into by a Committee of the Board of Guardians. In the case of all officers, save 1st class officers, their decision is final; but in the case of 1st class officials, whatever action has been decided on by the Board of Guardians must receive the sanction of the L.G.B. By these means security of tenure is to a considerable extent obtained.

The staffing and equipment of Poor Law Infirmaries are under the control of the L.G.B., and all administrative changes of any moment must receive their sanction.

Poor Law Infirmaries are also under the inspection of the L.G.B. The L.G.B. Inspector is often a help in obtaining administrative reform or improved equipment when such changes might have been longer delayed without that assistance.

State help must as a natural corollary carry with it State inspection. It is a simple business detail, too often criticized adversely as the growing curse of officialism. An Officer who is conversant with all that is best in the administration and equipment of the best hospitals of the country could hardly fail to be of assistance to those who are not fortunate enough to command so large an experience. As regards remuneration for services rendered, I have studied the salaries of the chief nursing officials in 35 leading Poor Law Infirmaries. The salaries range as follows: Matrons from a minimum salary of £80 to a maximum of £150 a year, with emoluments reckoned from £60 to £100; Assistant Matrons £35 to £70, Ward Sisters £26 to £41, also with emoluments averaging £35. The emoluments vary according to the office held by the particular

\* Read at a meeting of the Midland Association of Matrons and Lady Superintendents.



person, and also in different institutions. For the purpose of superannuation a deduction of 2 per cent. is made from the gross salary—that is, salary and emoluments.

A superannuation allowance is awarded in cases of—

(1) Incapacity from performing the duties of her office by reason of permanent ill-health, provided that the length of service has reached 10 years.

(2) Attainment of full 60 years, together with an aggregate service of 40 years.

(3) Attainment of full age of retirement, 65 years.

The pension is reckoned as follows :

One-sixtieth part of the value of the average salary and emoluments during the last five years of office multiplied by length of service, the maximum being two-thirds of the annual value of the appointment for the preceding five years.

Under the Act of 1897 nurses may contract out. Many of the nurses have no intention of remaining in the Service. They are given the option of contracting out within two months of the date of appointment, and having once contracted out the decision remains irrevocable. Should a nurse decide to contribute to the scheme and afterwards leave the Poor Law service, her contributions are not returned to her, but in the event of again taking a position in Poor Law, the continuity of service would not be broken, though, of course, only the actual time spent in the Service would be reckoned.

It will be clear from the foregoing remarks that substantial advantages accrue from the association of State control with Hospital administration. There is at present in the Poor Law Nursing world a scheme of pensions and a dependence on a higher central authority entirely removed from any local influence, the advantage of which all must admit.

Another point which I think worthy of consideration is that at the present time many hospitals have their field of usefulness curtailed owing to the drying up of the sources of charity, and although we as a nation have been proud, and justly proud, of the voluntary nature of our hospitals, it would be unwise to let a matter of sentiment curtail the utility of a given institution. State aid, by freeing such institution from financial embarrassment, would enable it to fulfil to the utmost the moral obligations of the nation.

I cannot but think that anything which benefits the hospitals would in equal measure benefit the Nursing Profession.

In conclusion, I would suggest that much could be done both at the present and for the future if Matrons in such a meeting as this would decide for themselves what powers they would allocate to their office.

## NURSING HANDICRAFT AND PRIZES.

We announced last week that THE BRITISH JOURNAL OF NURSING had consented to organize a Section at the forthcoming Exhibition in connection with the Nursing and Midwifery Conference, to be held at the Horticultural Hall, London, from April 23rd to 26th, 1912.

We have decided that our Section shall deal with "Nursing Handicraft"—that is, a practical presentment of what the hand can do for the relief of suffering. Space is limited, which will necessitate a wise discrimination in the selection of exhibits, so the three prizes will be awarded for the most complete little exhibit of Dressings and Appliances used in the following departments :—

### TABLE I.

Maternity Nursing.

### TABLE II.

The Head, including the Eye, Ear, Nose, Mouth, and Throat.

### TABLE III.

The Thorax. The Heart and Lungs.

### TABLE IV.

The Abdomen. The Digestive Tract, Kidneys, and Bladder.

### TABLE V.

Gynæcological Nursing.

### TABLE VI.

Splints and Bandages.

It must be understood that this Section is not to include anything which has not been manipulated by the Nurse.

The Prizes will be awarded for the three most complete and finished Sections upon the recommendation of nursing experts who are not themselves exhibitors.

Nurses or Societies of Nurses who desire to compete must enter their names, stating Section, on or before February 15th, 1912.

### PRIZES.

First Prize	...	...	£7	7	0
Second Prize	...	...	4	4	0
Third Prize	...	...	2	2	0

Three Consolation Prizes of £1 1s. each.

## MRS. GAMP AT HOME.

We are informed by Mrs. Gamp that our suggestion that she should be "At Home" to the National Council of Nurses at its meeting on February 15th has caught on "that tremendous" that she fears to give mortal offence to hundreds of her admirers if she attempts to hold this reception in a small way.

Mrs. Gamp therefore intends to receive her friends in a Hall sufficiently large for the purpose, and will communicate her hospitable plans to us during the coming week. Already the works of Dickens are being eagerly scanned, as all the guests must be in character—with the stipulation that no one is to duplicate the character of Mrs. Gamp.

## THE COLOGNE CONGRESS.

### CHANGE OF DATE.

Things are not quite so easily put through in Germany as in this more facile country, so we learn from Sister Agnes Karll that to suit the Education Department, which arranges holidays in Germany, it is most probable that the International Congress of Nurses at Cologne will open about the 29th of July instead of a fortnight later. Will our readers please note the proposed change of date, and make plans accordingly? We shall have definite information soon.

Miss Christina Forrest, Treasurer of the N.C.N., sails for Australia towards the end of the month. We hope she may arouse some interest in professional internationalism in the Commonwealth, as it is the quarter of the globe where the least interest has been taken in the great educational work of the International Council of Nurses.

## CONGRATULATIONS FROM NURSES.

Amongst the kindest of friends to the Nurses' Registration cause is Mrs., now Lady, Mackenzie-Davidson, and THE BRITISH JOURNAL OF NURSING offers warm congratulations to her and to her distinguished husband, upon the honour of knighthood which has been bestowed upon him amongst the New Year's Honours.

Those of our readers who desire to obtain new appointments are advised to consult the advertisements which appear weekly in this journal, where they will find notices of many desirable vacancies.

## ROYAL INFIRMARY, EDINBURGH.

### NURSING IN 1911.

In the annual report of the Nursing Department of the Royal Infirmary, Edinburgh, it is stated that the average number of nurses and probationers on the staff during the year has been 263.5, as compared with 260 in the previous one. There were 640 applications for admission to the training school during the year. Seventy-six trained nurses left during the year—two left during training (one to go home, one health unsuitable); one to be matron of a nursing institution; one to be matron of a mission hospital; one to be assistant matron at an asylum; four to be sisters in other hospitals; seven to be Queen's Nurses; eight to go to nursing homes or hospitals as nurses; one to be a district nurse; one to be a school nurse; six to take maternity training; twenty to be private nurses; one to join the Colonial Nursing Association; three to be married; seventeen to go home; four to go abroad; one to take fever training. The period of training for nurses has been extended to four years. In making this alteration the managers are convinced that the change is not merely desirable, but necessary in the interests of the hospital and of the training of nurses. The health of the nurses has on the whole been good, only two patients exceeding a stay of three weeks in the sick-room. Four cases of infectious disease were removed to the City Hospital. Blair House continues to be of great benefit to the nurses, being much appreciated and proving very useful for convalescent nurses. The managers are much indebted to Dr. Graham Brown and Mr. Miles for their unfailing kindness and attention to those nurses who have required medical or surgical treatment. Courses of lectures have been given to the nurses and probationers by Dr. Graham Brown (medical nursing); Mr. Struthers (anatomy and physiology); Dr. F. D. Boyd (materia medica); Dr. Shennan (bacteriology); Dr. Gardner, Dr. Paterson, and Dr. Fraser (special subjects). Classes on pharmacy were held by the dispenser; and on general nursing by an assistant lady superintendent of nurses. Dr. Hood, resident surgeon to Mr. Miles, gave the demonstrations on instruments; the classes on these and bandaging were taken by an assistant lady superintendent of nurses. The examinations in these subjects were kindly conducted by Mr. Alexander Miles. Tutorial classes were also held for the probationers, and demonstrations given in sick-room cookery. The annual prize-giving took place in the Nurses' Home on

21st July, the Duchess of Montrose kindly presenting the prizes. A fourth course of lectures to trained nurses was given during the winter months, and proved very successful, the attendance being very large. The lecturers were George A. Gibson, Dr. Edwin Bramwell, Dr. Chalmers Watson, Dr. Harry Rainy, Mr. John W. Dowden, and Mr. W. J. Stuart. The nurses' dining-room has been greatly enlarged, and has proved a great addition to the comfort of the nursing staff. The visitors' waiting-room has also been a great convenience.

## SCOTTISH LOCAL GOVERNMENT BOARD.

### EXAMINATION QUESTIONS FOR NURSES. NOVEMBER, 1911.

#### ELEMENTARY ANATOMY AND PHYSIOLOGY.

(1) Describe the structure of a long bone. Name the bones of the wrist or ankle.

(2) What movements are possible in (a) a hinge joint; (b) a ball and socket joint? Name the muscles that contract in (a) separating the fingers; (b) closing the eyes; (c) opening the mouth.

(3) Describe the clotting of blood. Trace a red corpuscle from the left auricle to the tip of the index finger.

(4) What changes occur in the blood of the capillaries of (a) the air cells of the lungs; (b) the villi of the small intestines; (c) the liver?

(5) Explain the following:—Dura mater, cerebro-spinal fluid, lateral ventricle, sensory nerve.

#### HYGIENE AND DIETETICS.

(1) Discuss the advantages and disadvantages of heating a ward by (a) open fires; (b) hot water pipes; (c) steam pipes.

(2) Name the principal sources of drinking water. Which are unwholesome, and why?

(3) What ill effects on the health may be produced by sewer gas? What are the essentials of a good trap?

(4) Explain the chief hygienic precautions for the control and prevention of tuberculosis.

(5) Compare tea, coffee, and cocoa as beverages.

#### MEDICAL AND SURGICAL NURSING.

(Only FIVE questions to be answered. Question 7 is for Fever Nurses only, and must be answered by them.)

(1) Give the symptoms, management, and dieting in a case of Summer Diarrhoea.

(2) Explain the following:—Dyspnoea, Cyanosis, Cheyne-Stokes breathing, Ascites.

(3) Distinguish between stupor and coma.

A person is admitted comatose, with the history of a fall on the head; what nursing points would you attend to?

(4) A patient swallows some corrosive sublimate lotion. What procedure would you adopt?

(5) How would the following emergencies occurring during an operation be met:—(a) Stoppage of breathing; (b) Shock?

(6) Give an account of the likely notes to enter in the Day Report in a ward for the treatment of incipient insanity.

NOTE.—The following question to be answered by Fever Nurses only.

(7) A patient is to undergo an abdominal operation. What preparations should be made by the Nurse?

#### MIDWIFERY.

(1) Describe the true pelvis. How would you diagnose a contracted pelvis?

(2) Discuss the disorders of pregnancy arising from pressure of the gravid uterus. What is the significance of albuminuria of pregnancy?

(3) What faults in the passages cause delay in the second stage of labour?

(4) How may sepsis be transmitted to the mother during labour? What means would you employ to prevent perineal laceration?

(5) Are there any dangers arising from improper application of the infant's binder? How would you treat the cord, and why?

#### INFECTIOUS DISEASES.

(1) Explain any four of the following terms:—Vaccine, Toxæmia, Intercostal Recession, Streptococcus, Hyperpyrexia, Healthy Carrier.

(2) Describe the symptoms and course of a case of Typhoid Perforation.

(3) What are the main points to be observed in the nursing of a case of septic scarlatina in hospital?

(4) What are the chief symptoms of the invasion stage of smallpox?

(5) What is the cause of scabies? How is the disease spread? How would you recognise it?

## A SELF-GOVERNING "APPROVED SOCIETY" FOR NURSES.

All nurses are cordially invited to attend the Open Meeting at Morley Hall, 26, George Street, Hanover Square, London, W., at 8 p.m. on Thursday, the 18th inst., when the question of forming an Approved Society to administer their own money, compulsorily contributed under the National Insurance Act, will be the matter under discussion.



## APPOINTMENTS.

### MATRON.

**Florence Nightingale Hospital, Bury, Lancashire.**—Miss Mary Unsworth has been appointed Matron. She was trained at the Crumpsall Union Infirmary, Manchester, where she subsequently held the position of Sister. She has also been Sister at the Florence Nightingale Hospital.

### SISTER.

**The Infirmary, Plumstead (Woolwich Union).**—Miss Edith A. East has been appointed Sister. She was trained at the Bethnal Green Infirmary, and has held the position of nurse at Pyne House Nursing Home, and of Staff Nurse under the Metropolitan Asylums Board. She obtained her midwifery training while in the service of the Bethnal Green Guardians.

**Gloucestershire Royal Infirmary and Eye Institute.**—Miss Elsie Russell has been appointed Sister. She was trained at the Cumberland Infirmary, Carlisle, and has served on the private staff. Miss Russell is also a qualified mental nurse, and holds the certificate of the Medico-Psychological Society.

**North-Eastern Hospital, Tottenham, N.**—Miss F. M. Garrett has been appointed Sister. She was trained at Croydon Borough Hospital and Greenwich Infirmary. She has also had experience in district midwifery.

**Royal Hospital for Sick Children, Edinburgh.**—Miss M. Vaughan Winters has been appointed Theatre Sister. She was trained at Leicester Infirmary, and has been Staff Nurse and taken sister's duties in both medical and surgical wards.

### CHARGE NURSE.

**Workhouse Infirmary, West Harton.**—Miss Lilian Thompson has been appointed Charge Nurse. She was trained at the County Hospital, Durham; and has had experience of private nursing; and of infectious nursing at the Hospital, Hylton, Sunderland.

### HEALTH VISITOR.

**Great Yarmouth.**—Miss Margaret Hill Wingate has been appointed Health Visitor. She was trained at the Royal Hospital for Sick Children, Glasgow, and has been Assistant Nurse at a Fever Hospital, Glasgow, District Nurse at Chepstow, and School Nurse at Bury St. Edmunds.

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The undermentioned Staff Nurses resign their appointments:—Miss Evelina Dearberg, Miss Evelyn L. Murray, Miss Mary I. Taylor (January 6th). The undermentioned Staff Nurses are confirmed in their appointments, their periods of provisional service having expired: Miss Mary E. Davis, Miss Jane F. Watson.

### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

*Transfers and Appointments.*—Miss Constance Baigent is appointed to Kenilworth, Miss Bertha a Bear to Chatham, Miss Frances Bellman to

Beccles, Miss Emma Bentley to High Wycombe, Miss Ethel Chapman to Buxton, Miss Ada Elliott to Garston, Miss Hannah Giddins to Hallow, Miss Mary Hughes to Llanfairfechan, Miss Gladys Price Jones to Llangefni, Miss Margaret Jones to Aberavon, Miss Sarah Jackson to Morley, Miss Mabel Knight to Rotherhithe, Miss Lilian Leathley to Putney, Miss Mary Lovell to Midhurst, Miss Jennie Main to Barton, Miss Lucy Macpherson to Winchester, Miss Ada Marsdin to Windsor, Miss Charlotte Norman to Garston, Miss Ethel P. Short to Rotherhithe, Miss Georgie Simpson to Winchester, Miss Emily Smales to Morley, Miss Polly Starford to Grantham, Miss Agnes Wylie to Horsham.

## CORONATION HONOURS FOR INDIAN NURSES.

The Kaiser-i-Hind Silver Medal, 2nd Class, has been awarded to the following Trained Nurses on the occasion of the Coronation Durbar at Delhi:—

Lady Superintendent E. A. Wildman, R.R.C.

Lady Superintendent E. S. Kelly.

Lady Superintendent M. L. Hayes.

Senior Sister H. A. M. Raith, of Queen Alexandra's Military Nursing Service of India.

## PRIZES AND CERTIFICATES.

Lady Cecily Vesey—by invitation of the committee of the Taunton and Somerset Hospital, distributed the medals, prizes, and certificates to the nurses as follows:

"Edward Liddon" gold medal for five years' service: Sister Mills, Nurse Uncles, and Nurse Beresford. Elementary anatomy: first prize and certificate, Nurse Ware; second (certificates), Nurse Lee and Nurse Crooks. General nursing: first prize and certificate, Nurse Huntley; second (certificates), Nurse Allen and Nurse McVeigh. Elementary physiology: first prize and certificate, Nurse Crooks; second (certificate), Nurse Allen.

Mr. F. E. W. Wakefield, who presided at the function, spoke of the progress made in the nursing standard of the school. He said that in 1887, the Jubilee year, the funds were collected for the building of that Jubilee Nursing Institute, including that hall, and the living-rooms for the nurses upstairs. It was arranged that the nurses should have two years' training in the wards of the Hospital, and two years on the private staff. That became antiquated, and now they had the proper arrangement, three years' full training in the wards, and one year on the private staff. This diminished the number of nurses available for private work, but the efficiency of the nurses in the wards had very materially improved.

The Committee, the medical and the nursing staffs are to be congratulated in that they have combined to secure efficient nurses for the sick in their charge.

## NURSING ECHOES.

It is not often that a busy Matron in response to a tap at her sitting-room door, opens it to find two Queens on the mat. But this is what happened to Miss Swain, of the West Norfolk and Lynn Hospital last week. The Matron was busy with Sister Harris checking accounts, and Queen Alexandra and Queen Amelie had arrived by motor without announcement, bringing with them gifts for the patients. Miss Swain (with "Taff," her Welsh terrier, following the royal party) conducted the Queens through several of the wards, where gifts were bestowed and kind words spoken; and Queen Alexandra before leaving said she thought all the patients looked exceedingly happy.

Since the visit six well-padded, comfortable chairs have been sent by Queen Alexandra for the use of the patients in the wards—a gift of the greatest practical use for the convalescent.

One of the most delightful hospital entertainments at this season is the one given by the Resident and Nursing Staff at Charing Cross Hospital, where there is always a kindly welcome from the Matron, Miss M. Heather-Bigg, and where the Annual Concert in the Great Hall is given by an exceptionally talented number of artistes. This year some half dozen of the artistes appeared by permission of the Coliseum, and the whole programme was rendered with such distinction, humour, and verve that it is a most difficult task to single out any of those who contributed to so enjoyable an evening for special mention. The clever pianologues of Mr. Harold Montague, who appeared by permission of Messrs. Maskelyne and Devant, the dancing of Miss Marjory Stevens, and the humour of Mr. Ben Osborne were specially appreciated. Perhaps no hospital has so many friends amongst those whose talents are devoted to providing this great metropolis with its amusements and recreations, and they used their gifts in the most generous manner possible for its benefit. The evening concluded delightfully with tea and coffee and other good things in a section of the out-patient department, beautifully decorated with crimson japonica.

Nothing could have been more charming than the Christmas party at the Alexandra Hospital for Children with Hip Disease, Queen Square, Bloomsbury, last week, and one and

all combined to make the afternoon a pleasant one, beginning with the polite porter, who took one's wraps at the door and introduced one to a fairyland of beauty. In the square entrance hall deft-handed and smiling maids offered tea and coffee and toothsome cakes to the arriving visitors, and here also the Lady Superintendent, Miss E. M. Fitch, welcomed the guests. They then passed on up the stairs, each support of which was encased in crimson and twined with greenery with excellent effect, and arrived at the first ward overlooking Queen Square, the prevailing colour of which was crimson, sprays of crimson japonica being used almost exclusively in its decoration. Here children—bright eyed and keen, missing no joke, and flinging ready answers back—were enjoying to the full a clever conjuring demonstration. The ward above was as lovely as this one, but its colour scheme was pale pink, pink peach blossoms converting it into a bower of beauty. Here also tea was served, and there was a busy time in the kitchen, which serves both this ward and the smaller one at the back. Chrysanthemums, palms, mimosa, and Japanese sunshades were also utilised in the attractive decorations. All this hospitality was provided out of a special fund contributed for the purpose, and not from the funds of the hospital.

An interesting feature of the hospital is the daily instruction, given by fully qualified teachers appointed by the London County Council. The younger children are taught on the Kindergarten system. As they remain in the hospital for so long, and their education has often been neglected on account of their being unable to attend an ordinary school, this is of great benefit to them.

Echoes of a happy Christmas in hospital keep coming in. At St. Bartholomew's Hospital, Rochester, everyone appears to have had a delightful time. At midday the great event of the day took place, when the Dean of Rochester presided in every ward and said grace before the generous dinner was enjoyed. The wards were like fairyland, with spring flowers and fairy lights. Before the wards were closed the Matron, Miss Pote-Hunt, and the Chaplain visited every ward when the Doxology was sung.

On the 30th the annual Christmas Entertainment was held. Tea was served in the Board Room, which was charmingly decorated in autumn tints—brown, green, and yellow.

The programmes were scarlet, with the ancient seal of the Founder, Bishop Gundolph, in black.

Each patient and member of the staff received a gift, and the visitors were given small silk lavender sachets and quaint little "brownies" made of suede, as a memento of the occasion.

At Kingston Infirmary the Christmas season was observed with fervour, the Christmas tree, laden with delightful toys, being kept as a *bonne bouche* to the last, caused many speculations and joyful anticipations. Each day groups of wards had their own special tea parties and entertainments, and last week the nurses had a dance from seven to twelve. First the night staff and then the day staff tripped round to the merry music—and, though tired with all the work coincident with the season, once a piano or band strikes up dance music, nurses are never too tired to enjoy themselves, and seem as fresh as daisies. The next evening the festivities ended with the maids' party, when all in the building felt the happy time they had enjoyed was due not a little to the Matron, Miss A. Smith, who had worked early and late to fit together the pieces of the big puzzle so that all might have their share of enjoyment.

Miss G. Bryan, the late Sister Kenton, now Sister-in-Charge at King Square Home, sends the following graceful little letter of gratitude to *St. Bartholomew's Hospital Journal* :—

DEAR SIR.—I have read in the JOURNAL for this month the very kind things written of me, and should like to thank those whose thoughts you have expressed. I have always received the greatest kindness and courtesy from those with whom I came in contact—from the "Intern," who taught me as a new "Pro" to spell "Leucocyte," to my last house-surgeons, who must have suffered sometimes, I fear, from the great tiredness which made me consent to give up the work I have loved so well. May I express what I feel by quoting from a nursery rhyme as illustrating, perhaps, how such pleasant relations came about :—

"What makes the lamb love Mary so?" the eager children cry;

"Oh! Mary loves the lamb, you know!" the teacher did reply."

If I have trespassed too much on your limited space do not "crowd me out," but "cut me down," leaving just my gratitude and my affection for all my old friends, in whose welfare I shall never cease to take the greatest interest.

This is a pen that in her comparative leisure we should advise Miss Bryan to use more frequently for the pleasure of her fellow nurses.

The late Jane Lady Huntingdon, who was deeply attached to the Darwen Nursing Association, has bequeathed it £3,000. She helped to found it, and with her late husband provided the first Nurses' Home, which she also furnished and equipped, and she was President of the Association from its inception to the time of her death.

We regret to learn that mysterious thefts continue to occur in many Nurses' Homes, and great worry and distress are thus occasioned. At a recent meeting of St. George's Board of Guardians, Prince's Row, S.W., the Infirmary Committee reported: "We regret to report that owing to a continuance of pilfering from the Nurses' Home we have offered a reward of £3 3s. for information leading to the discovery of the offender, and ask that our action may be approved." This was done.

We have inquired of several matrons their opinion on this question. One replied: "The salaries of probationers—from £8 to £12 a year—are far too low. Many girls who come to train in hospitals or infirmaries have not a penny beyond these inadequate salaries. How, I ask you, can they meet the ever-increasing cost for decent clothes and personal expenses? The class offering themselves of late years as probationers cannot expect help from parents; indeed, many have no parents or friends able to afford them financial support. My suggestion is to remove the temptation to pilfer caps, aprons, cuffs, collars, underclothing, and shoes, by giving young women who have to earn their own living a salary of not less than £20 a year; it is little enough for the purpose. I have known of many probationers who could not afford to buy warm underclothing in winter, and have suffered in health in consequence."

We are glad to know that the Local Government Board have decided to hold an inquiry into the strike of probationers at the Poor Law Infirmary, Carlisle, but consider their selection of a local inspector unfortunate. Such an inquiry, to be considered quite impartial, should be conducted by a stranger to the district, who can consider the question entirely without any preconceived opinion. We should suggest that one of the Lady Inspectors on Nursing should be sent from London to enquire into this question of friction in the nursing department of the Carlisle Poor Law Infirmary.

In no well-organised hospital should the medical and nursing authority be so ill-



defined that the officials of either department can be blamed for the delinquencies of the other; yet, to judge from a heated discussion by the Birkenhead Town Council, this is apparently the case.

The neglect complained of was the verminous condition of a little boy patient's head at the Infectious Diseases Hospital, which upon being inquired into by the Matron was found to be true—also that many of the other children in the same ward were suffering from the same lack of cleanliness. Thereupon the Matron discharged the staff nurse, and the charge nurse was told to send in her resignation. The next step was a private inquiry upon the part of two members of the Council—Messrs. Willmer and Campbell—who catechised the Matron as to her duties and those of the medical officer of health.

At the meeting aforesaid these gentlemen were surprised that this serious matter was treated with scant criticism, considering such negligence was a public danger, and they were accused of a deep-laid scheme to get rid of the medical officer—one of the most experienced medical officers in the country—to whom it was absurd to attach the responsibility for the state of the children's heads.

Our sympathies are with those Councillors who realise that filth and pediculi are a very serious and disgusting danger to children convalescent from various infectious diseases, and with respectable parents of poor children who run the chance of infection. The cleanliness of the patients is the nurse's duty, and the supervision of the nurses the matron's duty. What is evidently required at the institution alluded to is stricter nursing supervision, and this, we hope, will be recognised in the future.

The affairs of the nursing department at the Adelaide Hospital, South Australia, have caused a ferment in that State, and strong expressions of opinion in the Australasian nursing journals. It seems 70 probationers forwarded complaints against a Sister to the Chief Secretary. Now an inquiry is being held by the committee of the hospital, and the nurses wished for legal representation, which they have been refused; they then asked that the inquiry should be made by an independent Board; and as that has been refused they wish that one of their number should represent their interests on the Hospital Board. When things arrive at this stage, it is time to elect a new Board of Management and begin afresh.

## THE HOSPITAL WORLD.

### THE CHELSEA HOSPITAL FOR WOMEN.

No class of patients need greater skill in treatment, or more sympathetic nursing, than the gynæcological cases which throng our out-patient departments, and whose permanent recovery, and even life, depends upon their prompt and skilful treatment, while a very limited number of beds in general hospitals are available for this purpose.

The special hospitals for the diseases of women are therefore doing excellent work, and amongst these the Chelsea Hospital for Women, in the Fulham Road, ranks high, though the fifty beds at its disposal are far too few for the urgent cases waiting for admission, and an increase in their number is imperatively needed. This means its rebuilding on another site, and, indeed, a quieter site is very desirable, for both front and back are noisy, and the many serious operation cases need quiet surroundings. We are glad to know that there is a likelihood of rebuilding in the near future, as Earl Cadogan, as we have already reported, has generously given a valuable site of an acre and a quarter near the present hospital, and the Trustees of a Charitable Trust have conditionally promised £10,000 towards the new building. This will enable the out-patient department, which is at present quite inadequate for the demands upon it, to be enlarged, and also new nurses' quarters to be provided—and proper accommodation for the nurses is urgently needed. But enlargement not only means that the expense of rebuilding will have to be met, but that a permanent increase of income will be needed for the upkeep of a larger institution. Not only, therefore, must the friends of the hospital rally round it, but they must secure fresh interest and support if its good work is to be permanently increased.

Nothing could more strongly support the claim of the hospital for liberal assistance from the charitable public than the enthusiasm and gratitude expressed by the patients for the treatment and attention they receive there. "The nurses work hard," said one; "very hard, but they are good. They don't mind how hard they work, night nor day, so long as they can nurse you well, and make you comfortable and happy." And the other patients in the ward endorsed her remarks in chorus. This was a quite unsolicited testimony, given out of full hearts, in all gratitude, to a casual visitor on the occasion of the Christmas entertainment,

and they had no idea that the visitor was a trained nurse and journalist, who would record their opinion subsequently. It speaks well for the training the nurses receive, under the direction of Miss Riddle, the Matron, that the patients are so enthusiastic about them. The results obtained in the hospital show that on the scientific side the nursing care, as well as the medical treatment, must be of the first order, for the mortality rate last year was only a fraction over  $1\frac{1}{2}$  per cent., which, considering the difficult and dangerous character of the cases admitted, is a most excellent record. But good nursing includes kindness and sympathy as well as science, and of these essential qualities no testimony has quite the same value as that of the patients whom nurses attend.

A feature at this hospital is the number of small wards, none containing more than three beds. These open on to spacious corridors, and although the arrangement entails much more work than the nursing of a large ward, it is greatly appreciated by, and better for, patients of this class. Many of the patients pay something towards the cost of their maintenance, and come from a class unused to the publicity of a general hospital.

Probationers are received for training for a period of two years, and very valuable this experience is. Afterwards they are advised to pass on to general hospitals, where they are generally much appreciated, as they have been well drilled in foundation principles. Lady pupils are also received for a year's training on payment of £30.

The many friends of the hospital had an opportunity of seeing it at its best on the occasion of the Christmas entertainment last week. Rightly the wards had few decorations, but the wide corridors were lovely; fairy lamps gleamed everywhere, and the greatest taste was shown in the scheme of decorations. A Christmas Tree, laden with charming presents for both nurses and patients, was the gift of Mr. and Mrs. W. H. Fenton, and many willing hands quickly distributed the gifts to those in the wards. A charming entertainment was provided by a number of talented friends of the hospital, and the crammed room and keen enjoyment of those present must have given pleasure to these kind artistes.

We are glad to learn that the executors of the late Mrs. Barnato have given £250 to the hospital under the exercise of their discretionary powers. The Treasurer, Mr. Henry E. Wright, or the courteous Secretary, Mr. Herbert E. Jennings, will gratefully receive many such gifts.

M. B.

## THE ROYAL SANITARY INSTITUTE.

The Royal Sanitary Institute, 30, Buckingham Palace Road, London, S.W., of which His Majesty the King is Patron, announces that a public meeting to inaugurate arrangements for the Congress and Exhibition of the Institute, to be held at York, from July 29th to August 3rd, 1912, has been convened by the Lord Mayor of York in the Mansion House on Wednesday, this week, and is therefore being held as we go to press. The names of those who will take a prominent part in the Congress are a guarantee of its success. The Archbishop of York is the President, the Lord Mayor of the City—Ald. N. Green—the President of the section dealing with Municipal Representatives, and the names of those announced as Presidents of the numerous sections are notable in the sanitary and medical world. Mrs. Edwin Gray, a former President of the National Union of Women Workers, is President of the Domestic Hygiene Section.

The Institute also publishes the conditions of competition for the Henry Saxon Snell Prize, founded by the legacy left by the late Henry Saxon Snell (Fellow of the Institute) and awarded every three years by the Council with the object of encouraging improvements in the construction or adaptation of sanitary appliances.

The Prize will consist of Fifty Guineas and the Silver medal of the Institute, and is offered for an Essay of not more than 5,000 words on "Suggestions for Improvements in the Ventilating, Lighting, Heating, and Water Supply, Appliances and Fittings for an Operating Room, and its accessories, for a General Hospital of 400 Beds (no students)." Essays are to be delivered to the Secretary of the Sanitary Institute on or before August 30th, from whom full particulars can be obtained. The Sanitary Institute is doing excellent work in connection with the national health, and we commend it to the attention of our readers.

## REFLECTIONS

FROM A BOARD ROOM MIRROR.

The Seventeenth International Congress of Medicine is to be held in London in 1913—from August 6th to 12th, and His Majesty the King has accorded his patronage to the Congress.

We are not surprised that the suggestion of a secretary of a large London Hospital that insured patients of "blackleg" practitioners will be boycotted by the voluntary hospitals, has brought forth well-deserved rebuke from Dr. Howard Tooth and other physicians, who argue that the Insurance Act may affect the voluntary hospitals' finances adversely, and thus compel the managers to close wards, but that—so long as there are beds available—so long it is the duty of the medical staff to admit and treat the needy sick. This is the true spirit of the beloved physician.



It is suggested that a conference of hospital managers, to consider the effects of the Insurance Bill, shall take place, so that a combined policy may be adopted. This would be wise—as there is no doubt combination between the great voluntary charities has for long been greatly needed, and the present cut-throat competition should, by some wise co-operation, be minimised. At present disorganisation produces a great loss of valuable clinical material being used and treated to the best advantage—both for the patients and in the training of medical practitioners and nurses. Mr. Bernard Shaw has said that “every charity is an excuse for a neglected social duty.” No doubt, if all were permitted to do their social duty much less charity would be required. But when one realises the absurdity of excluding women (so full of social zeal), from the management and expenditure of charitable funds—it is high time the whole system of charitable relief was taken in hand and co-ordinated.

The Duke of Norfolk has consented to open on February 12th the new out-patients' department of the Worthing Hospital, which has been erected by public subscription to the memory of the late King Edward, at a cost of £3,000.

Sir John Barker, Bart., hon. treasurer of the Bishop's Stortford Hospital, has received a donation of £1,000 for that institution from Sir Charles Gold, who desires that it shall be regarded as a memorial to the late Lady Gold, who was a native of the town of Bishop's Stortford. Sir Charles also expresses a wish that some part shall be devoted to the needs of child patients.

### HANDBOOKS ON DISINFECTION.

Messrs. Newton, Chamoers & Co., Ltd., Thorncliffe, near Sheffield, ask us to state that they will gladly send their series of handbooks on disinfection to readers of this journal on receipt of a postcard. “Medical Izal” contains reprints from the principal medical journals, of papers dealing with the use of Izal in the treatment of phthisis, puerperal sepsis, tropical dysentery, enteric fever, cholera, and tinea favosa capitis. “Practical Disinfection” deals with the domestic uses of Izal. “The Veterinary Handbook” is full of useful information for owners of horses, dogs, cats, poultry, &c. The last of the series, “Izal in the Dairy,” apart from its purpose as an advertisement is a really useful handbook at a time when the conditions of milk production are claiming so much attention.

### WELCOME HELP.

The President of the Society for State Registration of Trained Nurses acknowledges with gratitude the donation of £1 from Mrs. Andrews with kind wishes for “A Happy New Year to State Registration and the Nurses' Protection Society,” and 3s. 6d. from Mrs. Maxwell St. John, R.R.C.

## OUTSIDE THE GATES.

### WOMEN.

At the splendid performance at the Coliseum, on Sunday, in aid of the impoverished grand-daughters of Dickens, there was a rollicking scene, in which Mr. Cyril Maude, splendidly made up, played “Sairey Gamp” to the “Betsy Prig” of Mr. Fred Emney. It is to be hoped a handsome sum of money was the result of the kind participation of so many popular players in the performance.

In a survey of woman's activities in 1911, which appeared in “Woman's Platform,” in the *Standard* on Monday, it is stated that Dr. Sun-Yat-Sen has promised the women of China the vote under the new régime he seems powerful enough to establish. In the surprise this announcement has caused, the opinion of Chinese women has been sought on this extraordinary break from tradition. It appears that no fewer than a hundred papers, written by Chinese women for women readers, are preaching the women's movement in the Celestial kingdom to-day.

In Russia, 1911 was the first year of women's industrial organisation on a national scale. The Women's Educational Congress in December in St. Petersburg, and the mass meetings in the same month, have drawn from the Government the reluctant promise of permission for women lawyers to practise at the Bar.

By the death of Dr. Sophia Jex Blake, who must ever be had in honour as a pioneer in the movement for medical education of women forty years ago, there passes away one of those in the van of the movement for women's progress. The fight of the women who won the right to enter the medical profession was prolonged and stern. The doors of medical colleges were not readily opened to them, and when in 1864 Miss Jex Blake, who had previously studied in America, sought a means of obtaining a British medical qualification she found that the Charter of the University of London in force at that time had been purposely worded to exclude women from entering for its examinations. She then applied to the University of Edinburgh, which refused to take action on her individual application, but when several other ladies united with her, women were ultimately admitted to separate classes. At first little notice was taken of them, but hostility was aroused when the women attained greater success than the men. Rowdy behaviour, persecution, abuse, law suits followed, and the University ultimately refused to allow the ladies to graduate, but, undaunted, Miss Jex Blake was largely instrumental in establishing the London School of Medicine at the Royal Free Hospital, and in 1877 obtained her M.D. degree at the University of Berne. Those women who now enter the medical profession owe a deep debt to those who won this right for them by hard fighting.



## THE SEVENTH MARCHIONESS OF RIVIÈRE.

(Continued from page 16.)

"SOMEWHERE THOU ART."

One of Papa's most delightful characteristics was his invariable charm in the home circle, a rare virtue in the sons and grandsons of the gross and jovial "three bottle men" of the Georgian era, whose choleric tempers reduced their women-folk to pulp.

Of course we do not mean to infer that Papa wore his best company manners every day—and that there was nothing of quite superlative grace left for such great occasions as when ladies of high degree paid visits of ceremony, and took tea with Papa and Mama in the French grey parlour—or were led by him in to dinner in their bridal array. No!—that might have been too great a strain—as "nobody could play the agreeables better nor Mester" according to his retainers; but Papa when on business or pleasure bent all day, was capital company when from the head of his mahogany he enlivened the family at dinner with all the news of the hour.

Thus what more natural than that he should mention the fact that Lord Rivière was in the hunting field for the first time this season,—that he was an uncommonly fine horseman, indeed they had trotted home together and in spite of his revolutionary ideas—he was an eminently agreeable fellow; or that the old Duke was beginning to droop under the weight of those blood-sucking mortgages.

Then Mama said she considered Lord Rivière a real hero of romance—no doubt it was his mother's Italian blood—he and his twin brother were so alike, they could not be distinguished apart, and so passionately attached, just like the Corsican Brothers—and they must have looked most picturesque in their red shirts fighting side by side with Garibaldi for the liberation of Italy—and then such a marvellous artist—no wonder the loveliest heiress—

Then Papa broke in with "gently—gently my dear—how you do run on."

But Mama replied with spirit—and continued to "run on," until she noticed that Andrea had disappeared—when she rose and shook out her numerous *glacé* silk flounces, and dusted a card table with her fine lawn handkerchief—as she passed into the hall.

Mama's dislike of dust was only evidence of her instinctive love of beauty, in an age when Science had not yet realised that dirt was the dark knight it must jostle and unseat in the lists—when tilting in the Tournament of Health.

Mama's beauty, like that of the rest of the world, might only be skin deep, but her skin was like a wild rose leaf, and the children could scent her, as they said she smelt pink. There was some truth in this, as Mama made lavish use of

the finest rose-scented soap—and her first article of faith attested to the sublimity of cleanliness. In the innermost recesses of her somewhat inelastic mind soapsuds borne on the crest of the wave, denoted the high-water mark between the classes, and the statement once advanced by a fond village dame that "my Joedy ain't been washed for forty year, and he's as sweet as a noot" only convinced her that Providence was mercifully negligent in constructing the olfactory nerves of the *hoi polloi*.

\* \* \* \* \*

At Beauvais dinner was a function, perhaps we might say—the function of the ducal day. The hour sounded, the doors of the Long Gallery were thrown open,—a gorgeous and dignified person advanced one foot within, five words he spoke—but before they were uttered the old Duke was well on his way, conducting with great solemnity his guest of highest rank to the banquetting hall.

The Duke worshipped rank—yet beauty had charms, and as he passed through the Gallery to-night his beguiling smile was bestowed upon a very lovely girl—shimmering in virgin white tulle, her golden hair encoiled with pearls, her hand resting on the arm of his heir, the Seventh Marquess of Rivière. To-night after dinner there would be an intimate and informal little dance, and might not his consent be required to their betrothal? Who more welcome as an adopted daughter of the House than this sweet little maiden—a peeress to be in her own right, and the heiress to untold wealth? Wealth not to be despised in these days, because it had been hacked out at the point of the pickaxe, by a strenuous progenitor in a Lanarkshire mine!

\* \* \* \* \*

A few hours later a little orange envelope was opened under the stars by Lord Rivière where he stood on the terrace at Beauvais, looking across the Vale to Carillon. It contained the terrible news that his brother was dying of fever at Rome; and a few minutes later he was bidding his people an urgent farewell. Consternation had hushed the music and the tripping of feet. In the outer vestibule the weeping mother—Ah! well might she weep—and the perturbed father, were hurrying him forth. There was not a moment to lose, and yet at the sight of a fluttering white figure he turned at the outer door. Silently and very quickly she came, passing between the motionless steel figures—which in centuries past had felt brave hearts throb redly with love and hate.

Yet never a heart more valiant than this!

The family made way for her.—No doubt Rivière had spoken—and she would embrace him goodbye.

Yet this was no meeting between those betrothed!

In her trembling hand she held a letter, and as she gave it to Lord Rivière, though she spoke softly each word came very fine and clear.

"If—if you are in time," she said, "will you give John this letter, with my very dear love." John!

The one word, astoundingly familiar, revealed the whole truth without further ado.

"I shall be in time"—he assured her—and in spite of grief they heard his laughter as he sprang to the saddle, and disappeared into the night.

\* \* \* \* \*

Rivière was in time. Out of deepest shadow he lured his brother back to life.

A few weeks and all would be well.

It was during the weeks of convalescence that the picture grew.

Just the shadowy form of a woman with the face of a star!

Lord John watched the inspired brush of his brother as he brought her to life. Just a lovely face full of light—inscribed

"The Seventh Marchioness of Rivière."

"She will hang in my study over the mantel," said Rivière.

And there she hangs to this day.

\* \* \* \* \*

Then came Dissolution.—Violent,—Cruel,—Most Horrible.

\* \* \* \* \*

The Eighth Marquess of Rivière came back to Beauvais. Stunned with grief, he brought with him the shattered corse of his brother. Night and day he guarded the coffin. He helped to lower it into the grave.

Then he went out into the places where there is silence, and where God is. Into the blue light of the arctic—into the rose and gold of the desert.

His soul cried to the soul of his brother.

There was no answer.

One morning he awoke from a dream. A voice had spoken.

"*Somewhere thou art, beloved—somewhere thou art.*"

He came out of his tent and listened.

It was the hour of Sunrise, when man should go forth to his labour.

He faced the light.

*Somewhere thou art.*

Then he came again to the haunts of men.

\* \* \* \* \*

A little brown bird in a tree.

Notes sweet as pomegranates, damask red and purple!

Glug—glug—down they dropped like honey.

Andrea ceased breathing to catch them.

"*Somewhere thou art, beloved—somewhere thou art.*"

It was the hour of Sunset, when woman sees the coming of the stars.

In this, or some other sphere!

"*Somewhere thou art.*"

ETHEL G. FENWICK.

(To be continued.)

† The first chapter of "The Seventh Marchioness of Rivière" appeared in our issue of December 16th, 1911.

## BOOK OF THE WEEK.

### TANTE.\*

"There was no one in the world like Madame Okraska, and to see her and hear her was worth cold, weariness and hunger. Not only was she the most famous of living pianists, but one of the most beautiful of women." This is Tante. The book from cover to cover is Tante pure and simple. Her personality is the topic that occupies the whole volume, and a most uncomfortable personality it is. She exercises a curious fascination on the great majority of persons with whom she comes in contact. The one great exception is Gregory, who has the misfortune to marry her ward, Karen, the greatest devotee of all. Gregory is sincerely to be pitied. His flat was furnished in a way that "was uninfluenced by Whistler, unaware of Chinese screens and indifferent to the rival claims of Jacobean and Chippendale furniture. It was civilised, not cultivated, and it was thoroughly commonplace. He didn't intend that anybody should lay their hand on his heart and tell him of lofty aims that it would have made him feel awkward to look at by himself. He had more than the normal English sensitiveness where ideals were concerned, and more than the normal English instinct for a protective literalness." Tante, in fact, was too much for him.

"It was as if he couldn't get at the music. Something interfered, something exquisite, yet ambiguous, alluring, yet never satisfying.

"His glance fell presently from the pianist's drooping head to the face of the *protégée*. No grovelling and no soaring was here, but an elation almost stern, a brooding concentration almost maternal, a dedicated power." (Fancy a commonplace young man having to live up to that!)

"Madame Okraska, he reflected, must be an extraordinary person if she really deserved that gaze. He didn't quite believe she quite did. His dissatisfaction with the music extended to musician."

On the return of Gregory and Karen from their honeymoon to the flat, they are greeted by Tante's wedding gift, contained in an incredibly huge packing-case. Gregory controlled an exclamation of dismay.

"Is it a piano?" Karen asked in a hushed, tentative voice.

"It's too high for a piano, darling," said Gregory, who had his arm through hers."

It was a Chinese Buddha in his shrine.

"They moved the temple to the end of the room, where two pictures were taken down and a sofa pushed away to make room for it. The Buddha was hoisted with difficulty on to its lotus. They had turned up the electric lights, but the curtains were not drawn, and the scent and the light and vague, diffused roar of London came in at the

\* By Anne Douglas Sedgwick. (Edward Arnold, London.)

open windows. The bright, cheerful room, with its lovable banality and familiar comfort, smiled its welcome, and there, in the midst, the majestic and alien presence sat, overpowering and grotesque in its unappropriateness."

The Bouddha is typical of Tante and her sinister influence, which soon—very soon—estranges this young couple. Tante and the Bouddha in one flat proved too much for an ordinary everyday young man.

When it is too late, Karen discovers the feet of clay belonging to her idol (Tante, not the Bouddha), and bitterly regrets the exchange from a very desirable husband to an exacting, hysterical tyrant.

But Gregory, being a reasonable and controlled person, after many happenings recovers his wife, and we are led to suppose they lived happily ever after.

H. H.

### COMING EVENTS.

*January 16th and 17th.*—St. Bartholomew's Hospital, E.C.—Christmas Entertainment for the Resident Hospital Staff, Great Hall, 7.45 p.m.

*January 17th.*—Meeting Matrons' Council of Great Britain and Ireland. Business meeting: Address on "The Instruction of Nurses in Some Aspects of Venereal Disease," by Dr. Florence E. Willey; 431, Oxford Street, London, W. Business Meeting, 3 p.m.; Tea, 4 p.m.; Address, 4.30 p.m.

*January 18th.*—Open Meeting for Nurses to receive Report from the Nurses Protection Committee, *re* National Insurance Bill. Mrs. Bedford Fenwick in the Chair. Miss Moll'tt will speak on "An Approved Society for Training Nurses," Morley Hall, 26, George Street, Hanover Square, London, W., 8 p.m.

*January 18th.*—Monthly Meeting of Central Midwives Board, Caxton House, Westminster, 2.45 p.m.

*February 7th.*—The Royal Infirmary, Edinburgh. Lecture: "Some Hints and Observations on the Physiology and Treatment of Skin Diseases." By Dr. Gardiner. Extra-mural Medical Theatre, 4.30 p.m. Trained Nurses cordially invited.

### A WORD FOR THE WEEK.

Beautiful hands are those that do  
Work that is earnest, brave, and true,  
Moment by moment the whole day through.

Beautiful feet are those that go  
On kindly ministries to and fro,  
Down lowliest ways, if God wills it so.

Beautiful shoulders are those that bear  
Ceaseless burdens of homely care  
With patience, grace, and daily prayer.

Beautiful lives are those that bless,  
Silent rivers of happiness,  
Whose hidden fountains none can guess.

ELLEN P. ALLERTON,  
*In Rosemary Leaves.*

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

### COTTAGE NURSES IN IRELAND.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—With great regret I observe an attempt on the part of a laywoman to defend the foisting on the poor, of mothers' helps as Nurses, in Ireland of all places, where, owing to distance from the doctor and other inconveniences, we need the very best type of trained Nurses. Let me hasten to assure you that the project is opposed by all that is best in our Irish nursing circles. Not one of our Hospitals will lower its standard by accepting a fee for turning out a sham.

If United Irishwomen are in earnest, let one of their number go and be trained as a Nurse, and come back and devote herself to the people, and let the others lodge her and feed her. I like practical common-sense combined with knowledge—not sentimentality joining hands with ignorance.

Yours faithfully,

ALBINIA BRODRICK.

Ballincoona, Caher Daniel,  
Co. Kerry, Ireland.

### THE COLOGNE CONGRESS.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—Can you tell me how I am to attend the International Congress at Cologne?—I do not belong to a League. If I went "on my own" should I be recognised—and be invited to social functions? I am a great believer in international intercourse between classes of workers—but at the hospital where I trained we were discouraged from joining any nurses' societies, and from reading the professional nursing journals.

Yours truly,

A. C. F.

(After the next meeting of the National Council of Nurses, when the arrangements for the Congress will be more matured, we shall be pleased to advise on this question. It will be necessary for nurses from the United Kingdom to have credentials if they wish to participate in the social functions in connection with the Congress—and we hope to make such arrangements as will prevent any disappointment to those who are not members of the National Council. All three years certificated nurses can co-operate, and should do so, by becoming members of the Society for the State Registration of Trained Nurses, or the Scottish and Irish Associations of Nurses.—ED.)



## WHY COURAGE?

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The following cutting from the *Daily Mail* may interest "Maternity Nurse" if she has missed it—nurses are sometimes too busy to read the papers.

"The following dialogue between Mr. J. Troutbeck, the coroner, and a waterside labourer, called as a witness was heard yesterday at a Lambeth inquest on a newly born baby.

The Coroner: When was it born?

The Witness: Now you've done me! (After a pause.) Friday afternoon, I believe.

How many children has your wife had—Nineteen.

Any twins?—None at all.

How long have you been married?—Twenty-three years.

How many children are alive now?—Only twelve now.

Addressing the jury, who found that the death was from natural causes, the coroner said the father was certainly a courageous man."

Had the coroner been a woman she might have found a more apt description for this father of 19! Surely all the courage, if not martyrdom, is on the side of the unfortunate mother.

Yours truly,

A SLUM SISTER.

## A WARNING TO NURSING HOMES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I will be glad if you will call attention to and give warning of the following in your paper, and kindly do not mention any names.

A man called here at my Nursing Home last Friday, December 29th; said he was an agent, and had been asked by a client to get him into a Home here in W— or in this neighbourhood as he had friends here.

The patient was a nerve case, and was ordered a rest cure. I refused the case, as I prefer surgical work, and I was then asked would I take a man with diseased bone of leg, who was under Sir Fred. Wallis, of Harley Street. I said "yes" to this, and it was arranged the patient was to come in on January 6th. He asked also did I take maternity cases? To this I also said "yes," and as a result a lady was to come in on the 12th. He took his cheque for one guinea with him (subscription for one year) leaving a written agreement about those two patients, and that he guaranteed to send in a third in the course of the next two months. I since find my cheque was paid into the Bank here that same day, so he must have got it cashed somewhere in the town. There was commission to be paid, of course, later on after the patients were in the Home. He mentioned he was going to H— from here. To-day the Matron of a Home there telephoned to me asking about this man. He had told her he had sent me cases for the last six months, and she was promised the rest cure case (who now

had friends in H—) and also the maternity case. He had told us both he would write on Monday last, giving us the names, addresses, &c., of the patients so that we could communicate with them before they came in, and no letter coming made us realise we had been defrauded.

This Matron and I both felt we did not like this man to go free, but at the same time thought that the police might trace the man and then we should have to appear in Court, which would perhaps be harmful to our Homes, seeing that we are both working up our connection, and could not afford any set-back.

The man had properly printed cards, case forms and receipt forms, and the name and address he gave were:—

A. R. Burney,  
Head Office: 87, Gray's Inn Road,  
Holborn, W.C.

Also at Dublin and Glasgow.

He had about a dozen professional cards with him from Homes chiefly in Streatham and Clapham. He asked the Matron at H— for one of her cards, and me for mine for his clients, so last Friday he added at least 2 guineas to his pocket, and 2 more cards!

By this time, I expect, Burney is no longer his name, nor Gray's Inn Road his address.

If you would kindly insert a warning in your paper, I should feel most grateful. It might be the means of preventing some others, at least, from being similarly defrauded.

Thanking you in anticipation,

I remain,

Yours truly,

A MATRON OF A NURSING HOME.

[We feel sure that Superintendents of Nursing Homes will be grateful to our correspondent for putting them on their guard.—ED.]

## OUR PRIZE COMPETITION FOR JANUARY.

January 20th.—How would you deal with the umbilical cord, from the moment of birth till its separation from the child?

January 27th.—What care must be taken when removing the clothes of a person badly burned?

## NOTICES.

## THE ISLA STEWART ORATION PAMPHLET.

The Isla Stewart Oration Pamphlet with Portrait can now be obtained from THE BRITISH JOURNAL OF NURSING Office, 431, Oxford Street, London, W. Price One Shilling.

## NEW SUBSCRIBERS.

The Editor hopes that every reader, who values THE BRITISH JOURNAL OF NURSING, will get one or more new subscribers—so that its constructive work for the profession may receive ever increasing support.

# The Midwife.

## THE MIDWIVES' RECORD.

*The Midwives' Record and Maternity Nurse*, edited by Mrs. Edith Robinson, makes its appearance with the New Year, in a fresh guise, enlarged as to size, and published as a fortnightly instead of a monthly paper. With the motto of "Forward," the "young journalistic David goes forth in 1912 to do battle on behalf of the midwives and maternity nurses of the Three Kingdoms against the hydra-headed Goliath of Servility, Apathy, and Ignorance." With the declared aims and policy of our contemporary we are in much sympathy. They are:—"To liberate our calling from an unmerited thralldom to outsiders, to build it up on the sure foundation of legislation which, while protecting the public, will also safeguard our own professional interests, to instil into the minds of all midwives and maternity nurses a growing sense of their own dignity, self-respect, and responsibilities."

## THE ABERDEEN DISPENSARY AND MATERNITY HOSPITAL.

We regret to learn that the Aberdeen Dispensary, Maternity Hospital, and Vaccine Institution has to face not only a debt but also an annual deficit. The Institution is doing such excellent work that it would be a calamity if its usefulness were in any way crippled.

A special committee appointed to enquire into the financial position has reported to the adjourned Annual Meeting; it has considered the question in relation to the Dispensary proper, the Maternity Hospital, and the liquidation of the debt, and has stated its unanimous opinion that the Dispensary should be separated from the Maternity Hospital, and with regard to the former it is of opinion that if a charge of 2d. be made for medicines supplied its position would be so improved as to wipe out any annual deficiency.

In regard to the Maternity Hospital an annual sum of about £900 is required (small enough when the work done is considered), but only about £470 is forthcoming from rents, grants and nurses' fees. As the Hospital is of importance in connection with the University for the training of students, it is hoped that financial help may be forthcoming from that body, and that annual grants may be made by the Town Council and charitable trusts. Towards the extinction of the debt, a little over £2,000 has been promised, leaving £2,400 still to be raised.

Lord Provost Maitland said that if the University did not grant a substantial subsidy he did not see how the Maternity Hospital could be continued on its present lines. Let us hope the subsidy will be forthcoming.

## THE CENTRAL MIDWIVES BOARD.

### LIST OF SUCCESSFUL CANDIDATES.

At the Examination of the Central Midwives Board, held in London on December 15th, 1911, as we reported last week, 316 candidates were examined and 254 passed the examiners. The percentage of failure was 19.6.

#### LONDON.

*British Lying-in Hospital.*—M. Bourne, A. M. Clisby, D. Davies, E. Hutchinson, S. Sweeney.

*City of London Lying-in Hospital.*—J. F. Bacon, A. A. Bartlett, D. G. Biddick, M. Bigg-Wither, E. L. Chambers, E. M. Grimbly, A. M. James, L. M. Kilroy, E. Townsend, D. E. Wilkins.

*Clapham Maternity Hospital.*—E. Berestetsky, C. J. D. Diggle, L. C. Morris, A. W. Philpott, J. Quigley, G. Stevenson, C. L. Wells.

*East End Mothers' Home.*—S. M. Berry, C. M. Bullock, A. J. C. Dunn, O. Egerton, L. M. Orman, G. H. Riddelsdell, H. Rotherham.

*General Lying-in Hospital.*—R. Aschmann, M. E. Briggs, G. G. E. Chaplin, A. Fairs, M. Gifford, F. J. Goodman, R. A. Hindley, C. Oakes, E. H. M. Smith, E. Wakely, M. A. C. Woods, E. A. Woollard.

*Guy's Institution.*—A. M. Browne, J. M. Crnickshank, M. M. Fraser, J. L. Halden, F. B. Lewin, D. M. Shepherd, E. V. Spenceley, A. G. S. Wedderburn.

*Kensington Union Infirmary.*—M. E. W. Bale, M. H. Stevens.

*London Hospital.*—A. E. Clark, A. A. Edler, M. Evans, P. R. Lucotte, F. M. Mackrow, A. Martin, R. M. Simmonds, J. G. Webb.

*Middlesex Hospital.*—C. P. Jessup, J. G. Parkes.

*Plaistow Maternity Charity.*—L. M. Baldwin, E. L. Brown, E. J. Butterworth, E. Chapman, P. Collings, E. H. E. P. Cox, A. E. Cussens, M. A. Dorling, A. Easthope, S. E. Ellis, S. C. Evans, M. B. James, B. Johnson, E. A. Lane, A. T. Lawrence, M. A. Looney, A. M. Parsons, M. Rumbold, A. E. Smith, M. K. Stephens, N. K. Wilkins, M. A. L. Williams.

*Queen Charlotte's Hospital.*—I. M. Baker, L. Bruford, M. A. Buxton, L. M. Dickson, M. G. Edwards, I. M. Goodman, H. L. Hutchinson, N. E. Japp, A. M. Kelson, A. S. Lancaster, E. Legge, A. I. Maddick, B. U. Mather, F. Maudsley, G. E. Morris, M. Newbold, M. H. Sanby, D. Saunders, D. D. Shrivell, E. L. Smith, M. A. Storey, B. Tysonbrick, E. U. Vandenberg, H. C. Walker.

*"Regions Beyond" Missionary Union.*—R. E. Kindred, M. J. O'Neill.

*St. Bartholomew's Hospital.*—A. Waterman.

*St. Marylebone Workhouse Infirmary.*—E. M. Waight.

*Salvation Army Maternity Hospital.*—E. H. Bennett, A. Casement, A. Francis, V. E. Hare,

V. Hessey, C. Hills, F. S. Hough, F. Regojo y Soler, A. S. Rex.

*University College Hospital.*—E. N. Headland.  
*Woolwich Home for Mothers and Babies.*—F. Perry.

*Woolwich Military Families' Hospital.*—M. Ward.

#### PROVINCES.

*Aldershot, Louise Margaret Hospital.*—M. J. John.

*Aston Union Workhouse.*—G. Jones.

*Birmingham Maternity Hospital.*—S. M. Grout.  
E. F. M. Russell, E. Wakelam.

*Brighton and Hove Hospital for Women.*—G. Bett, E. Ellison, E. Harvey, E. M. Hawkins, A. G. P. Jones, M. E. Kempson, E. M. Montgomerie, S. E. P. Tucker.

*Bristol Royal Infirmary.*—C. A. Jackson, L. Lister.

*Chatham Military Families' Hospital.*—M. A. Newbould.

*Cheltenham District Nursing Association.*—D. Cheverton, A. E. Whitehurst.

*Croydon Workhouse Infirmary.*—E. F. Lilley.

*Derby, Royal Derby Nursing Association.*—M. E. Bonshor.

*Devonport Military Families' Hospital.*—D. M. Frost.

*Devon and Cornwall Training School.*—C. M. S. Barwick, N. L. Beazley, I. F. Welch.

*Essex County Cottage Nursing Society.*—A. M. Birch, M. Blackwood, H. M. Dormer, G. Holman, S. E. Hyslop, E. Jones, C. F. Leckie, M. A. Mackay, M. Miles.

*Gloucester District Nursing Society.*—M. Hughes.

*Ipswich Nurses' Home.*—M. Bright, M. E. Dredge.

*Liverpool Workhouse Hospital.*—N. G. Moran, E. Robyns Owen.

*Manchester, St. Mary's Hospitals.*—B. Greenhalgh.

*Nottingham Workhouse Infirmary.*—A. Boyes, E. L. Riley.

*Portsmouth Military Families' Hospital.*—H. B. Reay.

*Portsmouth Workhouse Infirmary.*—E. T. Corney.

*Sheffield, Jessop Hospital.*—J. Boal.

*Shorncliffe, Helena Hospital.*—E. Nixon.

*Wolverhampton Union Infirmary.*—A. M. M. O'Neill.

*York Maternity Hospital.*—J. Fearnley.

#### WALES.

*Cardiff Q.I.J.N.I.*—E. G. Jenkins, A. S. Kennard, M. Shelton.

#### SCOTLAND.

*Aberdeen Maternity Hospital.*—E. Falconer, E. B. Jay.

*Dundee Maternity Hospital.*—L. J. Waite, M. S. D. Wilson.

*Edinburgh Royal Maternity Hospital.*—M. Kean, H. J. Macdonald, W. Williams.

*Glasgow Maternity Hospital.*—R. A. S. C. Delmege.

*Glasgow, Stobhill Hospital.*—H. Armstrong.

#### IRELAND.

*Dublin, Coombe Hospital.*—C. McPhillips.

*Dublin, Rotunda Hospital.*—E. M. Ashley, R. S. Bailey, E. J. Fryer, E. M. Higgins, E. L. S. Killick,

E. E. Lewis, G. E. Marshall, B. A. Perry, M. M. Pilkington, A. M. Reid, A. C. Spencer, A. M. Warren.

#### PRIVATE TUITION AND INSTITUTIONS.

O. E. Ball, E. M. Cotton, E. Ellison, M. S. Jarvis, M. J. McHardy, C. S. Naish, M. E. Skuse, F. B. Swales, E. A. E. Warren, M. L. Young.

#### PRIVATE TUITION.

E. J. Ambrose, I. Baker, B. M. Barnetson, F. E. Bellman, J. Bigg, G. Bottomley, A. B. Calogreedy, A. D. Coleman, M. M. Cooper, E. Crabtree, F. Davies, E. J. Degen, E. T. de Ridder, H. A. Derrick, M. A. Donnan, K. M. E. FitzGibbon, A. M. Flick, F. Joseph, M. J. R. Kettle, D. E. Lane, M. E. G. Little, C. McKeon, M. F. Martin, E. Mason, B. A. Mitchell, H. C. M. Morey, V. E. R. Morfee, A. E. Moss, F. M. Mossman, A. Oakman, L. M. Oliver, M. A. Palmer, E. M. Read, E. S. Roulston, W. E. C. Scott, M. A. S. Sewell, A. Shanks, T. Sheehy, M. H. Simons, E. Smith, J. M. B. Smith, A. V. Taylor, M. M. Tomazie, B. L. Wearing, H. R. Whealler, C. White, G. N. Wide, E. Wood, C. Worthington.

#### HEALTH POSTERS.

The National League for Physical Education and Improvement has just published the first of a series of health posters. These boldly and attractively printed publications are of a size and style adapted for hanging on the walls of Schools for Mothers, Infant Consultation Centres, Day Nurseries, the Out-patients' Halls of Hospitals, Mothers' Meetings; in fact, wherever mothers congregate. They are also very suitable for use by lecturers on hygiene, &c., the corners being re-inforced with linen, to allow of frequent pinning up and taking down.

Education by the eye is much to the fore at present, and there is little doubt but that the simple, hygienic truths, which these posters will seek to inculcate, will be well driven home by the pictorial method. The first poster deals with good and bad feeding bottles, and one could wish that the long-tubed variety depicted were forbidden by law in this country, as is stated on the poster it is in France, America, and Prussia. The price of this wall-chart is 1s. 6d., post free; it can be had on application to the Secretary of the League, at 4, Tavistock Square, W.C.

At the instance of the Public Health Department of the Lancashire County Council, proceedings were instituted at Kirkham Police Court on January 4th, against Mrs. Margaret Lawrenson, 6, Mill Street, Kirkham, for acting as a Midwife although not certified under the Midwives Act, 1902. Mr. Cleaver, who prosecuted, said the County Council did not press for a heavy penalty, but desired it to be known that women not certified must not act as Midwives. Defendant was fined 1s. and costs.



# THE BRITISH JOURNAL OF NURSING

WITH WHICH IS INCORPORATED  
**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

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## EDITORIAL.

### FORETHOUGHT AND SKILL.

In our last issue we showed the paramount importance of the trained, sensitized hand in the equipment of the nurse for the sick. But a nurse must assume many responsibilities, probably no woman worker, except the woman doctor, shoulders so many, and the trained hand will not suffice her unless it is guided by the clear and logical brain. When trained, a nurse must be prepared to meet emergencies of all kinds, calmly, quickly and effectively, to prove herself resourceful, and to inspire confidence and trust. While undergoing her training, therefore she must cultivate these qualities, besides which divers personages have to be considered.

First the Matron, the nurse's chief officer, whose duty is to maintain the efficiency of the nursing staff, and to this end to guide, supervise, teach, and admonish its individual members, dealing out even handed justice, but tempering justice with mercy. Happy the nurse who has an enthusiastic belief in the Matron under whom she works, is a first-rate nurse, a wise administrator, a just ruler, and in case of need a kind friend. Happy also the Matron who is able to inspire this trust.

The nurse must further render to the medical staff unreserved loyalty, carrying out all directions with minute accuracy, and being quick to note and report any symptoms, and changes in the condition of the patients to which the attention of the medical attendant should be directed.

Again, when she has attained the position of staff nurse, she must be competent to take the Sister's place in her absence. She must assume control and give directions, or relinquish it, and take them, as circumstances require, and, under the Sister's supervision,

must be able to manage a ward of serious cases.

The patients must be treated by her with a wise discretion, and her manner should combine sympathy and kindness with a certain remoteness, showing no favouritism, and her chief attention should be given to those who most need it, whether or no they are personally attractive or unattractive.

In all these things the nurse needs to exercise a wise discretion, and to keep in the back of her mind a plan of the order of her work, for the smoothness and regularity with which everything goes apparently by clockwork in a hospital is only achieved by forethought, regularity, and method on the part of all concerned.

And if a nurse needs a clear head while in hospital much more is it necessary if she takes up private nursing. In a hospital she is surrounded by those to whom she can appeal in case of need, in a private house she is usually the person to whom everyone turns in a time of stress and anxiety. She enters a disorganised household, and it is her part to introduce the method and system which, under its altered conditions, will make the wheels work smoothly. There is, perhaps, no greater test of a nurse's capacity than the manner in which she reduces chaos to order, and gains confidence as a competent and self-reliant person upon whom an anxious household can rely.

The successful private nurse is the one who best achieves this, but no one knows at what cost to herself. Perhaps miles from the medical attendant, in sole charge in his absence of a critical case, she must still find time to be the standby of the household. It takes a very level headed, clear thinking woman, as well as one who is deft handed to meet all the demands made upon the trained nurse.

## MEDICAL MATTERS.

### ANTIMALARIAL MEASURES IN INDIA.

The *British Medical Journal* states that a new sanitary era seems to have dawned in India, and continues: "We are the more disposed to believe that this is not a too sanguine belief, because those responsible appear fully to recognize the importance of basing all their measures on scientific knowledge, not upon empiricism. The way was shown by the medical officers of the Army, and the General Malarial Committee, appointed by the Indian Government, has gone a long way on the road to applying to the protection of the indigenous population principles which have produced among European soldiers the remarkable diminution in sickness and death recorded by Sir F. W. Trevor, the retiring Principal Medical Officer of the Army in India. . . . Already application of the measures dictated by the knowledge accumulated since Sir Ronald Ross some fourteen years ago showed that the malarial parasite was transmitted by mosquitos of the *Anopheles* genus has brought about a remarkable diminution in malaria among natives of India, where all the conditions can be controlled. In the memorandum presented by the Acting Sanitary Commissioner to the Indian Legislative Council in September last, he was able to show that the admission-rates from malaria per 1,000 of strength of the Indian army had fallen from 467 in the quinquennium 1889-93 to 228 in the quinquennium 1904-8, and that among Indian prisoners the rate had fallen in the same period from 393 to 199. The Government of India has assigned a sum of £33,000 to the Indian Research Fund for the study of medical and sanitary problems, and the resolutions of the second meeting of the Indian Malaria Committee, together with the address of the Acting Sanitary Commissioner, Sir C. P. Lukis, K.C.S.I., show that the value of scientific researches and surveys by experts is fully appreciated, and that those already conducted support Sir Ronald Ross's contention that anti-mosquito measures may not only prove more effective, but also less costly than was expected. At the same time, in another resolution the committee recognized that though further research is necessary, enough is already known as to the breeding habits of mosquitos to make it frequently possible for trained workers to deal with malaria in an efficient manner.

"There can be no doubt that the most effective way of dealing with malaria is by anti-mosquito measures, that the mosquito can be most effectually attacked in its larval stage, and

that this can best be done by abolishing all collections of stagnant water, small or large, liable to be visited by mosquitos. This is the ideal measure, and undoubtedly in many instances could be carried through in India. Even where it cannot be completely effected, it can be approximately carried out with corresponding benefits; at all events, it is the ideal measure which should be striven for. Circumstances, such as considerations of expense, engineering difficulties, native prejudice, agricultural requirements, and so forth, may in particular localities militate against its complete or even partial attainment, and it is in these conditions only that less efficient measures, such as quinine and mosquito protection, are legitimate; but in no case should the more radical measures be altogether lost sight of. Fortunately, as Sir C. P. Lukis indicates, in certain malarial areas it may not be necessary to tackle all mosquito breeding places, but only such spots—possibly very limited spots, as in Bombay and the Andamans—that foster the particular *Anopheles* responsible for the local malaria. This in many places will simplify the task and greatly reduce the cost of anti-mosquito sanitation. As Sir C. P. Lukis remarks, this is a powerful argument for further and careful study, by special officers, of the distribution of species of mosquito in relation to malarial endemicity.

"We presume that action will be taken on Dr. Bentley's report on the recurring epidemics of malaria in Bombay, which for so long a time have been a scourge to part of the city and to the shipping visiting the port. If so, we trust that every care will be observed that the measures to be instituted and the funds asked for shall be adequate to the end in view. A failure in Bombay would be a serious set-back to malarial sanitation in India, a set-back which might not be recovered from for many years to come.

"We are glad to see that the authorities are taking time by the forelock and are already preparing against the possible introduction of yellow fever into India by the new route which will be opened up by the completion of the Panama Canal. Other Oriental countries would do well to make similar preparations.

"Although she ought to have been the first in the field, India has been somewhat tardy in giving practical application to the recent developments in tropical pathology. She has at last awakened to their importance and to her responsibilities in the matter, and she may congratulate herself on the very efficient band of workers constituting and employed by the General Malarial Committee."

## GONORRHOEAL CONJUNCTIVITIS.

Mr. J. Stroud Hosford, F.R.C.S. Ed., and Mr. G. Brooksbank James, F.R.C.S. Eng., Hon. Surgeons to the Royal Eye Hospital, Southwark, contribute to the *Lancet* some most interesting observations upon the treatment of Gonorrhoeal Conjunctivitis in the adult, with the accompanying illustration, which by their kind permission we are able to publish. The authors write in part:—

We have observed, in common with most ophthalmic surgeons who have given attention to this subject, that gonorrhoeal conjunctivitis in the adult is in all cases after the age of 30 attended with most disastrous results to the eye. Not only is all useful vision in these unfortunate cases completely lost, but the damaged and shrunken globe not infrequently remains a distressing and unsightly object in the orbit. We believe that this untoward result is not only unnecessary but preventable if the patient is seen early and appropriately treated. The involvement of the cornea constitutes the great danger in this affection.

1. It may slough wholly from strangulation owing to the pressure of the brawny lids and the gelatinous chemotic swelling round its margin.

2. Its epithelium may be readily abraded and a site exposed for the ingress of the terrible gonococcus by even the gentle manipulations of a skilled attendant.

3. The digestive powers of the toxic products contained in the discharge have a most deleterious influence on the vitality of the structures of the cornea.

4. To these must be added what we have come to consider as the almost uniformly pernicious influence of the caustics and astringents

applied in the early stages of the disease. We refer more particularly to silver nitrate, protargol, argyrol, and perchloride of mercury. These, by the reaction they cause, lead to greater constriction and chemosis, whilst they merely remove the superficial layers, leaving the deeper structures of the conjunctiva untouched. Moreover, the renewal of these applications is not only distressing and exhausting to the patient, but is attended with positive danger to the cornea. Further, this method of treatment is, even in favourable circumstances, a lengthy one, the conjunctiva being

left in an irritable, and occasionally papillomatous, condition for many weeks, while recurring ulcerations of the cornea are much to be feared.

### TREATMENT.

1. The patient should at once be placed in bed and remain there until all danger is passed.

2. A low diet should be prescribed, consisting of milk, barley water, eggs, fish, toast and butter, weak tea, &c., for the first ten days. The bowels should be kept freely open with mercury and saline purges, and aspirin (gr. x. thrice daily) and quinine bisulphate (gr. ii. thrice daily)

are probably the best internal remedies to administer in this disease.

### LOCAL TREATMENT.

With regard to this all-important question we have found that the constant use of the douche is the primary curative factor. It may be applied either by a mechanical apparatus fastened to the head or by the hands of a relay of properly instructed nurses. These should sit behind the patient's head and apply the unintermitting stream as the surgeon may direct from time to time. No cessation in the flow is to be permitted for a moment either day or night. The solution which we have



LOCAL TREATMENT.



found most satisfactory for this purpose is one of permanganate of potash, varying in the early stages from 1 in 15,000 to 1 in 20,000, and in the later stages a solution of boric acid, gr. viii. ad ʒi., may replace this and is all that is necessary. The temperature should be from 85° to 90° F. in the can, where a thermometer is constantly present. We do not use any ointment either within the conjunctival sac or on the surrounding skin, as it tends to interfere with the proper application of the solution. When possible the patient should be encouraged to open his eyes slightly every ten minutes. No manipulation of the lids except by the surgeon should be permitted.

In the arrangement of the douche the can should be placed not higher than one foot above the patient's head. (See figure.) The end of the fine rubber tube leading from it should be either fixed by plaster or held at the naso-orbital margin, and the stream allowed to trickle constantly across the palpebral fissure, which it will be found that there is a tendency for it to do if properly adjusted. If a slight coating forms along the lashes it can be removed readily by a warm solution of sodii bicarb., gr. x. ad ʒi., the lashes being gently stroked downwards. For the first four days . . . only the gentlest attempts should be made to expose and inspect the eye. After this time, as the swelling is in all probability subsiding, the cornea should be carefully examined for minute specks, and signs of iritis or hæmorrhages into the anterior chamber should be looked for.

If the disease is diagnosed in the first days and irrigation is at once adopted, a surprising improvement will be seen in the course of the next four days, and the surgeon may be tempted to relax the continuous douche. Relapse is, however, much to be feared if the treatment is not continued for the next three or four days.

The light of the room should be subdued, the sound eye protected by a Buller's shield well aerated above and below, which should not be removed unless absolutely necessary. The nurses should wear protecting gloves of indiarubber. All woollen swabs should be destroyed by burning. The fluid is collected by means of towels and mackintoshes, the towels being boiled, dried at the room fire, and used again. The room should be well aired and kept at a temperature of 65° F. The risk of infection to the attendants should be pointed out.

#### THE IMPORTANCE OF SCIENTIFIC NURSING.

By the kindness of the authors of the paper from which we have given the above extracts,

we are able to add the following note written specially for this journal:—

Inasmuch as we feel very strongly the importance of the scientific nursing factor in this terrible disease, we venture to lay particular emphasis on several points to which we have already referred in our paper to the *Lancet* of January 13th. Not even in the severest cases of enteric fever is so much responsibility thrown upon the nurse as in this disease.

In the first place it must be remembered that the patient, at least in the early stages, is not acutely ill, and is apt to find the necessary local treatment both monotonous and irksome. His discomfort, however, may be much allayed if the ministrations of the nurse are conducted with quietness, delicacy, and promptitude. The temperature of the fluid in the can, its replenishment from time to time without abrupt change, the prevention of any coagulation of the permanganate of potash in the stop cock of the tube, and the prompt change in the replacement of the towels are all matters which require careful attention. The patient should lie with the head slightly turned towards the side of the affected eye, and the fact that the fluid constantly flows along the palpebral fissure and not down the cheek should be carefully noted, slight adjustments of the tube and head from time to time being made to ensure this. The surgeon's attention must be immediately called if there is any tendency to soddenness of the plaster at the side of the nose, which may indicate a flow of discharge across the bridge to the other eye. The presence of haze upon the watch glass of the occluded eye is a significant sign that there is not sufficient aeration of the Buller's Shield. The nurse in this case must not move the shield herself, but must call the surgeon's attention to it. We do not advocate its removal, only its readjustment. If any tendency to coagulation of the permanganate takes place along the lashes, a squeeze from a large pledget of wool well charged with the lotion will quickly wash it away. In using the bedpan, the patient should, of course, always lie on the same side as that of the affected eye. He should be warned not to raise his hand to wipe away any fluid which may trickle down the face, but to leave it to the nurse. The arrangement of the mackintosh and towels constitutes a very important and perhaps the most difficult part of the nurse's duties. She will need great patience, for, despite all care, the fluid may trickle occasionally under the head, necessitating some manipulations which should be conducted without changing the inclination of the head towards the side of the affected eye.

## OUR PRIZE COMPETITION.

HOW WOULD YOU DEAL WITH THE UMBILICAL CORD FROM THE MOMENT OF BIRTH TILL ITS SEPARATION FROM THE CHILD?

We have pleasure in awarding the prize this week to Miss Martha Mary Webb, Nurses' Home, Queen Charlotte's Hospital, N.W., for the following article on the above question.

### PRIZE PAPER.

Directly the child is born, the attendant should make her hands thoroughly aseptic by washing and immersing them in an efficient antiseptic solution preparatory to severing the umbilical cord or funis, of course previously having prepared the necessary sterile ligatures and scissors.

She should then take hold of the cord, feeling if pulsation has stopped, and make gentle pressure towards the baby, thereby sending a little extra blood along to it.

The next procedure is to take one ligature and tie the cord in a firm, tight reef knot about two or three inches from the umbilicus, in case of any intestinal protrusion. Then ligature again, about an inch and a half from the first ligature, in the direction of the mother, this preventing undue hæmorrhage, which might be dangerous in the event of twins.

She now holds the cord lightly in the left hand, allowing it to rest on a sterile, dry wool swab to absorb moisture, and with the scissors severs it between the ligatures, cutting towards the palm of the left hand to avoid any accident to baby.

The next attention is to dress the cord after the baby is bathed.

It should then be re-ligatured, as, owing to the bathing and the shrinking of the composition known as Wharton's jelly that envelops the cord, the first ligature is apt to loosen; then, with a piece of sterile gauze and some pure starch powder, or starch and boracic powder mixed, the dressing can proceed.

The procedure is to powder the base of the cord well and pull it through a central slit in the dressing, lay it upwards on the baby's abdomen, put on plenty of powder, fold the dressing over nice and flat, and apply a flannel binder firmly to keep it in position.

During the first twenty-four hours the nurse should frequently be on the watch in case of hæmorrhage from the cord, which should be promptly re-ligatured if necessary.

The dressing of the cord should be done just as carefully and with as great aseptic precautions every day until it separates, as the

umbilical cord and the umbilicus are the greatest mediums for septic infection the baby possesses.

The average date of separation is about the sixth or seventh day, but sometimes it occurs as early as the fourth day, or as late as the fourteenth day. The separation must not be hurried by manipulation in any way, as there is no cause for alarm if normal conditions exist and there is no inflammation or offensiveness.

When the cord has separated, a pad of sterile linen should be worn over the umbilicus, to prevent irritation and sepsis by friction of the flannel binder.

### HONOURABLE MENTION.

The following competitors receive honourable mention: Miss F. M. Garrett and Miss E. Islip (London); Miss A. Wellington (Guildford); Miss F. Sheppard (Tunbridge Wells); Miss M. Cameron (West Bournemouth); Miss E. M. Dickson (Rochester); Miss E. McLernon (Brighton); Miss G. M. Lewellen (Clacton-on-Sea); Miss E. F. Moakes (Holme-wood); Miss M. Hamilton (Dublin); and Miss E. Douglas (Belfast).

Miss E. Islip, referring to the dressing of the cord, gives as the reason for turning it upwards on the child's abdomen that it is to lessen the risk of its getting damp with urine.

Miss F. M. Garrett remarks that the reasons for tying the cord at the maternal end, as well as placing the ligature near the child, are (1) that in the case of twins, an occurrence which is not always discovered until after the birth of the first child, it may happen that one placenta supplies both children; (2) any staining of the bed from the placental (or maternal) end of the cord is avoided.

The first is an important point, as it is sometimes advocated that if the cord is securely tied near the child there is no need to tie the maternal end; but it will be appreciated that in the case of twins hæmorrhage might ensue if the maternal end were not also tied.

Miss A. Wellington, referring to the powder selected for dressing the cord, mentions that Fuller's earth must not be used, as it might cause tetanus.

Miss F. Sheppard rightly insists on the importance of not dragging upon the cord when the knots of the ligatures are being tied.

Miss M. Cameron draws attention to the point that the ligatures used should not be too thin, or there is a danger of their cutting through the cord.

Miss E. M. Dickson points out that when pulsation in the cord has ceased, it should be pressed between the thumb and finger for a

short distance, about two inches from the child. This will empty the blood vessels and make the cord easier to tie.

Miss McLernon emphasises the importance of keeping the cord in an aseptic condition, otherwise, if it becomes septic, phlebitis or arteritis, with extension along the vessels into the abdomen may occur. There is, she explains, little change on the first day, but afterwards it soon becomes dry and mummified, and a red line develops where the living tissue is casting off the dead. The cord should be kept as dry as possible, as mummification and separation of the cord is thereby hastened.

Miss Lewellen, with other competitors, points out the necessity for a second ligature on the stump of the cord after the bath of the child, the reason for this being that the warm water may cause shrinking of the cord, which would, of course, result in a loosening of the first ligature.

She also says: "Should I be nursing on the district and not continually in attendance on the infant, I should instruct the responsible person who is to look after the mother and infant to change the infant's napkins frequently, thus insuring a dry binder and a dry cord."

Miss E. F. Moakes, with several other competitors, advocates boracic powder as a dressing for the cord, and for the umbilical area after the cord has separated starch powder covered with lint, or castor oil on boric lint. She emphasises the point that "great care is essential with this delicate cord of life."

Miss M. Hamilton remarks that the nurse should in no case attempt to hasten the separation of the cord, and that the chief points to be observed with regard to the management of the cord are to keep it dry and aseptic.

Miss E. Douglas writes that when the child is born, it should not be placed too far away on the bed from the mother's buttocks so that a strain is placed upon it. The nurse should notice if there is anything unusual about it such as knots—if it is very thick or very thin, very much twisted or broadened out in places. It may be very long up to 40 or 50 inches, or abnormally short—only 6 or 8 inches. The usual length is from 20 to 30 inches.

Miss Douglas advocates tying the maternal end close to the mother's vulva. This serves to indicate when the placenta has left the uterus, as the cord lengthens as the placenta slips down.

#### QUESTION FOR NEXT WEEK.

"What care must be taken when removing the clothes of a person badly injured?"

## A WISE RESOLVE.

The United Irishwomen hope shortly to hold a conference on the question of district nursing in Ireland. The heads of the chief nursing organisations in Ireland will be asked to attend and to state their case fully. The case of these experts is the case of the Irish poor, and we congratulate the United Irishwomen upon their determination to confer with trained nurses before attempting to organize their skilled work. Nothing but good can result from such a conference, and we feel sure Irish Superintendents will do all in their power to further the interests of those in need of district nursing. The exclusion in many districts in England of trained nursing opinion from lay committees which organize and superintend district nursing has been most fatal to its efficiency. We earnestly plead with Irish women to hesitate before inaugurating the Holt-Ockley or any such nursing system in Ireland. It is an insult to offer anything but the best to the poor and helpless when their health, their one and only asset, is at stake.

## THE INSTRUMENT NURSE.

By the kindness of Professor Rutherford Morison, F.R.C.S., Professor of Surgery in the University of Durham, and Senior Surgeon to the Royal Victoria Infirmary, Newcastle-on-Tyne, we are able to publish the accompanying picture of "the instrument nurse" which was published in the *Lancet* in illustration of his most interesting and illuminating article "A Year's Work in Abdominal and Pelvic Surgery." Professor Morison is generously appreciative of the assistance of trained nurses in the care of abdominal cases. Under the heading of "The nurse" he writes: In the after-treatment of abdominal cases nothing counts for so much as a good nurse. . . . Certain nurses have a knack of doing well with abdominal cases, and both patient and surgeon are lucky if they get hold of such a one. To be raised up comfortably and packed up skilfully with pillows at the back and under the knees into a half-sitting position for a time, even on the second day, is a great relief to most patients. Rolling over occasionally from the back to one side, then to the other, and back again, if it can be done without great trouble, as it can by a skilful nurse, is a change that most patients are grateful for. A little drink, a little well-timed sympathy and encouragement, even perhaps a gentle reproof on occasion, are things certain to make the difference between a happy and an unhappy patient, and I for my part believe that in the majority of serious cases the skilled attentions of an intelligent sympathetic nurse can, and do, account for the continuance of life and for escape from death.



It is interesting to note his belief—since experience in the old and the new infirmaries at Newcastle-on-Tyne has proved it—that surgical results are not influenced by the costly and elaborate arrangements of the modern hospital, but that they depend upon strenuous personal endeavour on the part of everyone concerned to carry out the simple essential requirements of present-day surgery.

The old Royal Infirmary, the writer states, had established claim to be considered the worst hospital in the British Isles, as certainly as the present institution can claim to be the best, yet the only serious drawback in connection with the old building was the frequent occurrence of pneumonia after, or even independent of operations, and even this, says the Professor, is now discounted in view of the fact that pneumonia appears to be as prevalent in the new as it was in the old institution. Referring to the nursing staff, Professor Morison writes: "There are three sisters in charge of the wards in which I am interested, but only one of these (in the male ward) works solely under my supervision, for in the women's and children's wards more than one surgeon acts. Each of these wards has, in addition to the sister, one staff nurse and three or four probationers.

"The operating theatres, four in number, are supervised by a sister, who is in charge of them all. The theatre in which my work is done has an instrument nurse, a sponge nurse, and an assistant nurse to do whatever she may be told.

"Only the senior staff has any permanency. From the house surgeon onwards there are constant changes, each house surgeon being appointed for only six months of office. The fact that the chief object of the institution, apart from its duty

to patients, is educational is fully realised, and though it is disappointing for the surgeon to know that almost as soon as assistants and nurses have gained the necessary skill to be of value to him it is their turn to leave, the experience is not altogether of disadvantage, if he constantly remembers that the best way to keep himself up to the mark is by teaching others.

"During the early days of a complete change, however, the position is often a more trying one for the surgeon than any would suppose who

have not experienced it. Each member of the senior staff is so fully occupied with his own work that he can attend to little else, and the most difficult undertaking must be faced with unskilled and frequently with too few assistants. This is wrong, and with regard to this matter, as in some others, a revolution is surely impending in the conduct of our hospitals."

In connection with the preparation for operations he writes: "Until recent years I used nothing but antiseptics for the preparation of instruments, dressings and hands. At the present time, in addition to this, I wear an antiseptic overall, boots, gloves, sleeves, cap, and a mask. Everyone engaged in the operation—assistants and nurses alike—does the same. Visitors to the theatre wear sleeveless overalls and masks, while the



THE INSTRUMENT NURSE.

floor at the entrance to the operating theatre is sprinkled with 1 in 1,000 corrosive solution to fix any dust on their boots."

The author further writes: "So far as is possible, I operate only in a properly equipped hospital, because I know that the dangers of operation are many times multiplied if they are done at home."

We are indebted to the *Lancet* for our illustration on this page, as well as for that on page 43.

## SAIREY GAMP AT HOME.

Sairey Gamp has made all the preliminary arrangements for her "At Home," at which she will be supported as hostess by Betsey Prig. These two worthies are to be impersonated by Miss Ellen Birch and Miss Hunter, of St. Bartholomew's Hospital, and as Sairey was a Bartlemy's Nuss, this is eminently appropriate. The function will be held at the Doré Gallery, 35, New Bond Street, W., on the evening of the 7th February, the Centenary of her creator, the great Charles Dickens, and so far every prospect pleases.

Mrs. Gamp invites all her friends to come in costumes representing characters from the works of Dickens. All she stipulates is that there shall be no duplicates of her own august personality, or of her friend Betsey, and, considering the very wide field of selection, there appears no reason to offend in this respect.

The reception will begin at 8.30 p.m., and a charming band has been engaged. The Dickens Centenary Exhibition of Mr. Harry Furniss' original drawings in colour, illustrating the various works of Dickens, will be on view. There will be refreshments, and two prizes will be balloted for—one for the best woman's costume, and one for that worn by a man. The entire organization is in the capable hands of Miss Cutler, Hon. Secretary of the National Council of Nurses, Assistant Matron, St. Bartholomew's Hospital, to whom all communications should be addressed.

The "At Home" promises to be unique and extremely amusing, and will, we have no doubt, be immensely popular amongst nurses and their friends. Tickets will be 3s. for the profession and 5s. for friends.

To Dickens must be accorded much of the credit of arousing popular opinion concerning the terrible condition of the indigent poor in hospitals and workhouses, and of the vast reforms accomplished in the nineteenth century. The modern trained nurse owes him more than she can realise, and Sairey Gamp's "At Home" is to be held in honour of one of the greatest social reformers of that age.

### DICKENS COSTUMES.

On Tuesday last there was opened at the Doré Gallery the exhibition of Mr. Harry Furniss' original drawings, above mentioned. This would appear an exhibition not only of great interest to the general public, but of special interest to the nurses and their friends who intend to attend the "At Home" at the galleries on February 7th, as no doubt some useful hints as to the accuracy of their costumes would be available.

## THE PASSING BELL.

It is with great regret that we record the deaths of three well-known and deeply respected personalities in the nursing world.

Miss H. M. Schooling, who was Matron of the North Eastern Hospital, Tottenham, under the Metropolitan Asylums Board, only retired on pension two years ago. She began her nursing career as a Lady Pupil at University College Hospital, and when St. John's House undertook the nursing of the Metropolitan Hospital, N.E., in 1888, was appointed Sister of the Children's Ward. When St. John's House opened in an emergency, and engaged to nurse for a year, the North Eastern Hospital, under the Metropolitan Asylums Board, during the scarlet fever epidemic of 1892, Miss Schooling was appointed Night Superintendent and the following year Matron of the institution. She also trained and was for a time Assistant Matron at St. John's Maternity Home, Battersea. In the course of her long and honourable nursing career she came into contact with nurses trained in many schools, with whom she was a general favourite. During the latter years of her life she was received into the Roman Communion. R.I.P.

Miss G. Macnaughton, Matron of the Royal Infirmary, Aberdeen, passed away in the Infirmary, to which she had rendered loyal and devoted service. Miss Macnaughton was trained at the Royal Infirmary, Edinburgh, where she was afterwards Sister until her appointment to the Matronship of the Royal Infirmary, Aberdeen, in 1898. She was buried at Comrie Cemetery, Crieff, her native place, after a memorial service in the Infirmary Hall, conducted by the Rev. J. A. Irvine of the South United Free Church, of which she was a member, and by the Rev. Charles Stobie, Chaplain of the Infirmary. The service was largely attended by directors and by members of the medical, nursing and domestic staffs. There was also present a detachment of the Territorial Force Highland Division, Miss Macnaughton having been Principal Matron of the First Scottish General Hospital (Highland Division).

Dr. Sinclair, Medical Superintendent, represented the Hospital Board at the funeral. Touching reference to the loss the Infirmary had sustained was made by the Rev. J. A. Irvine in his sermon the following day, which, by a coincidence, was Hospital Sunday.

The last death we grieve to record is that of Miss Kathleen Miller, the first Secretary of the Nurses' Missionary League. Ardent and full of zeal in the cause of foreign missions, it was a delight to her when she was able a few years ago to return to the work which she loved. Her work in the Church Militant has not been of long duration, but we may be sure that, beyond the veil, "the evangelization of the world," which it is the aim of the Nurses' Missionary League to accomplish, still has her interest and her prayers.



## APPOINTMENTS.

### MATRON.

Royal Albert Hospital, Devonport.—Miss A. Livingstone Charteris has been appointed Matron. She was trained at the Royal Infirmary, Dumfries, and has held the position of Sister at the Infirmary, Barnsley, the East Sussex Hospital, Hastings, and the Hospital, Stroud, and of Night Sister and Assistant Matron at the County Hospital, Bedford.

Allt-yr-yn Hospital, Newport, Mon.—Miss Fanny Simpson, who at present holds the position of Sister at the Allt-yr-yn Hospital, has been appointed Matron.

### SUPERINTENDENT NURSE.

Leavesden Asylum, King's Langley, Herts.—Miss Margaret Mary Hiney has been appointed Superintendent Nurse. She was trained at the Bermondsey Infirmary, and has been Charge Nurse at the Surrey County Asylum, Brookwood.

Miss Lizzie Blanche Ellis has also been appointed Superintendent Nurse. She was trained at the Withington Hospital, Manchester, where she has held the position of Sister. She has also been Sister at the Southern Hospital, Manchester, Assistant Matron at a Convalescent Home, Llandudno, and Matron of the Cottage Hospital, Welshpool.

### SISTER.

Queen's Hospital, Birmingham.—Miss Esther Brander has been appointed Sister in a Women's Medical Ward. She was trained at the Royal Infirmary, Aberdeen, where she temporarily held the position of holiday Sister. She has also been Sister at the General Hospital, Stroud, Assistant Midwife in connection with the Stroud District Nursing Home, and Sister at the North Lonsdale Hospital, Barrow. She has had experience in fever nursing, and is a certified midwife.

### NIGHT SUPERINTENDENT.

Royal Asylum, Morningside, Edinburgh.—Miss Margaret Ingram Clarke has been appointed Night Superintendent. She was trained at the Royal Infirmary, Edinburgh, where she acted as Temporary Sister, and for the last two years has been Sister at the Shoreditch Infirmary. She has also had experience in private nursing.

### HEALTH VISITOR AND SCHOOL NURSE.

Leicestershire County Council.—Miss Marianne Burgess has been appointed Health Visitor and School Nurse. She was trained for three years at the West Hartlepool Infirmary, and holds the certificate of the Royal Sanitary Institute. She is also a certified midwife.

### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

*Transfers and Appointments.*—Miss Minnie Chambers is appointed to Allestree, Miss Carrie Gledhill to Lichfield, Miss Ethel Irving to Sheffield, Miss Ethel Robinson to Sheffield.

## NURSING ECHOES.

To prevent disappointment, we would advise all those who wish for a copy of the *Isla Stewart Oration Pamphlet* to apply for it at 431, Oxford Street, London, W., at an early date. The pamphlet, which costs 1s., is beautifully got up and printed—the cover printed in gold—and it contains a life-like portrait of the late Miss Isla Stewart.

"The Journal of the Victoria and Bournemouth Nurses' League" is always full of good spirit and feeling—not to say common sense. We are glad to note a most excellent article by "A. P. O. B.," showing how the influence of Nurses' Leagues and the National and International Councils of Nurses can be extended by town and county co-operation amongst nurses. What is needed is personal participation—to keep alive personal interest in nurses' organizations, and this would certainly be immensely increased if town and county groups of trained nurses would co-operate. Our International Council of Nurses is already a splendid organization, which after the Cologne Meeting will almost encircle the world.

Under the auspices of the Women's Imperial Health Association (of which Society H.R.H. the Princess Louise, Duchess of Argyll, is Patron), what promises to be a most successful experiment is being tried at the Brighton Permanent Art Gallery. The giving of health lectures to mothers is no new thing in Brighton or elsewhere, but it has seldom, if ever, before occurred that a series of instructions has been arranged apart from any one religious organization, but with the co-operation of all.

Mrs. Barnes in the first lecture said she had felt for a long time that it would be a good thing if in every borough a yearly health mission to mothers could be held; not, of course, to take the place of the help and the teaching they were already receiving from health visitors, babies' welcomes, and so on, but to bring to all at least some fresh enthusiasm at the thought that all the mothers in the town were bound together by their earnest desire to do their utmost for their children's welfare. These talks, Mrs. Barnes continued, could hardly be called a health mission, but they were a step in that direction.



The lecturer then gave a simple account of "Why Babies Die," touching upon the chief causes of the high infant mortality rate, and pointing out that the cause which underlay all others was the lack of knowledge on the part of the mothers as to the care both of their own health and that of their children. The lecture was listened to with the greatest interest. Next Friday Mrs. Barnes proposes to speak on "How to Get Ready for Baby" (the mother's preparation). Mrs. Gervis, wife of Alderman Gervis, will take the chair.

Some interesting letters on the question of the value of training in nursing have appeared during the week in our "Woman's Platform" of *The Standard*. We quote Miss Mollett's reply to an "Untrained Nurse"—it puts our point of view so admirably:—

"'Untrained Nurse' entirely misses the point I wished to emphasise. Tenderness, sympathy, and kindness are not attributes confined either to trained or untrained nurses; they are, I like to think, widely diffused throughout humanity. Nor do I for one moment suggest that women who are untrained should be debarred from nursing; so long as those who employ them know their status, it is entirely their own affair.

What I and those who think as I do strongly deprecate is the placing of untrained women in official and semi-official positions, which call for skilled nursing knowledge, and cloaking their deficiencies under a misleading title.

If sickness, misery, and pain could be relieved by kindness and good-will alone, then, indeed, would the world's heaviest tasks be made easy. But we know—none better—that only by stern labour, by honest work, and honest skill, can true help be given to those who suffer. However good the intention may be, nay, however great the aptitude, nursing, like any other craft, must be learnt by practice and study under close, skilled supervision.

'Untrained Nurse' is no impostor, for she lays no claim to what she does not possess; but I can assure her that the number of untrained women who pose as trained is large, and they are to be found in positions where their lack of knowledge, not good-will, is distinctly a danger."

For some time it has been felt that the North Berks Nursing Association has not been as locally useful as it should be, owing to the difficulty of finding necessary accommodation for the nurse in the limited rooms of the cottages. To meet the difficulty a parish nurse has been provided through the efforts of Mrs. Peel and Mrs. Crum.

Mr. James Wilcock, chairman of the Refuge Assurance Company, has left £26,050 to

charity, of which the Blackburn District Nursing Association gets £2,000.

The new Association of Catholic Nurses, lately formed in Dublin, propose to have a dance in support of a reading-room and library at the Gresham Hotel this week.

We are pleased to hear that the organization of the Bush Nursing Scheme in Australia, initiated by Lady Dudley, is making steady progress. It is reported from Victoria that inquiries respecting new nurses have been received from all parts of the State.

At a meeting recently held in Melbourne, it was mentioned that the amount of travelling that had to be done by nurses going to their districts and by the inspector was a serious drain on the funds of the association, and it was generally agreed that the time had come when the association could reasonably ask the Government to grant free passes to those persons engaged on its business. The association, it was pointed out, was doing a philanthropic work, and had not sought the assistance of the Government. It was decided to approach the Government on this matter.

Dr. Barrett stated that the Lady Dudley Bush Nursing Trust Fund now amounted to £1,617, which was invested at about 4 per cent. Only the income, however, could be used, and that was devoted entirely to supplementing the local contributions and paying for the four nurses already installed. Reports received from the nurses showed that excellent work was being done. Dr. Springthorpe suggested that in addition to present qualifications nurses working under the auspices of the association should possess a certificate from the St. John Ambulance Association, and also have some knowledge of district nursing work. The suggestion was generally endorsed.

Nurses who so often crave for sweets will approve of Dr. Woods Hutchinson's opinion on the value of sugar as a food. Writing in the *Girl's Own Paper* and *Woman's Magazine* he says:—"One of the greatest values of sugar, apart from its high staying power, is the rapidity with which it can be absorbed and burnt in the bodily engine. The careful and exhaustive researches of Lee, Mosso, Harley and Schumburg showed that there was no food which would restore working power to fatigued muscles of both men and animals as quickly and effectively as pure sugar. Indeed, it was suggested by Professor Lee that tired business

men, carried beyond their regular lunch hour, would find a few lumps of pure sugar one of the best of temporary restoratives and 'pick-me-ups,' far superior to alcohol. This is probably the reason why some individuals, when fatigued, will retain an appetite for sweet things, though they have almost completely lost it for anything else."

Sister Marie Zomak (writes Miss Dock in the *American Journal of Nursing*), who has been piloting the nursing reforms in that interesting corner of Spain, the Institute Rubio, where a school of nursing has been founded, as we told some little time ago, has had a severe struggle with time-honoured prejudices. The shortening of the cruelly long hours and other mitigations of the nurses' lot which she has brought about have had the support of the present medical director, who is also the physician to the young Queen of Spain, so that one can hardly help but surmise that her wholesome English influence and knowledge of modern nursing methods are behind the general improvements; nevertheless many conservative though excellent people who are interested in the school have been so shocked by the innovations, and so convinced that the nurses would go to destruction if they did not work forty-eight hours on a stretch, or at least eighteen, that Sister Marie has had some troublous times. It is good to know that the entire medical staff supports her most loyally, and at one or two specially critical moments the internes, if we may call them so, came to her and offered to help with the ward work rather than have her go under.

Miss Dock considers that the first Isla Stewart Oration held in the Guildhall of London was a profoundly stirring event in the nursing world, as it was the first occasion of the kind held in honour of a nurse. Speaking editorially, the *American Journal* says "it is a consoling thought that the influence of a master-mind does not cease after death, but rather takes on a new power. So the great loss to the nursing world of its leaders is softened by the quickened determination of their pupils not to let their spiritual force be lost. Such an example is shown in the recent action of the St. Bartholomew nurses to set a fitting and lasting memorial to Miss Stewart in the form of educational scholarships to perpetuate her ideals as well as her memory."

Miss Breeze, a graduate of the Illinois Training School in the class of 1887 has been elected a member of the Board of Directors.

## THE HOSPITAL WORLD.

### BRADFORD UNION HOSPITAL.

By MACK CALL.

To Londoners and dwellers in the South of England the dialect of Yorkshire is almost a foreign language. But it is not alone the dialect that puzzles strangers from the South, but the names of well-known institutes are often reversed; thus in Bradford what would be known in London as a General Hospital is called the Royal Infirmary, and the Union Hospital belongs to the Poor Law.

Bradford may be described as a flourishing manufacturing town, but there are many poor within its borders. The Union Hospital occupies a large site in a quiet part of the town.

The wards are built in blocks, and from the centre of the Hospital's well-kept garden it looks not unlike a Garden City.

The Lady Superintendent, keen on everything connected with the welfare of the sick, first pointed out the modern buildings, and then the older parts of the Institution; and, as was proper, we first visited the Maternity Hospital. From the outside this resembles a modern villa with plenty of window space. It consists of two floors, to be used alternately if necessary.

The Labour Wards have white tiled walls, glass instrument cases, and a white couch on castors. On the couch the newly-made mother is wheeled into the lying-in ward.

In each lying-in ward there are twenty-one beds, and the mothers are kept here for a month. During the last two weeks of their stay they are taught how to bath and dress a baby.

The manual work of the Maternity Hospital is done by the expectant mothers, who have a dining-room and dormitory in the building.

From the maternity wards we went to the Children's Hospital, where there are beds for 80 children. This Block is so arranged that different infectious cases can be nursed under one roof and yet kept apart. Children suffering from tubercular disease are given open-air treatment and kept away from others.

In the main building most of the wards have been modernized. There is a window beside each bed; the walls are painted and varnished; the wards are lit by electricity and heated by radiators and stoves.

Needless to say, the wards were scrupulously clean; they also looked comfortable, and were gaily decorated with flowers and plants.

There are from twenty to thirty-four beds in each ward. The bathrooms for the 550 patients are plentiful, and almost luxurious.

Chronic and acute cases are never warded together, and operation cases are nursed in modern surgical wards.

There are two theatres in the Hospital, one for men and one for women. Connected with the theatres are large rooms set apart for anæsthetics, and sterilizing purposes.

The chronic phthisical patients—of whom there are many—are housed on the top floor of the building used for the old and infirm of the Workhouse. Men in the early stages of tuberculosis are passed on to the Union Sanatorium near Bolton Abbey. A doctor resides at the Sanatorium, and patients are given open-air treatment, but, unfortunately, it is difficult to persuade a poor working man to enter a sanatorium until he is past work.

We left the Hospital for the Nurses' Home. This is as far away from the wards as the Hospital grounds will allow. The Home is modern; there are long, wind-swept passages, comfortable sitting-rooms with easy chairs, and a piano for both the seniors and juniors of the nursing staff. A quiet room is set apart for study, and each nurse has a nicely furnished bedroom to herself.

The nursing staff consists of the Lady Superintendent, a Home Sister, the Night Superintendent, ten Ward Sisters, and forty probationers. Seven asylum-trained attendants are on duty in the imbecile wards.

The training for nurses is three years; during the third year they can get midwifery training and enter for the C.M.B. examination.

All the nursing staff get two hours off duty each day, a whole day in the week, and three weeks' holiday in the year.

The Medical Superintendent has been at the Hospital for seven years. He was formerly on the staff of the Royal Infirmary, and is very popular with the patients and their friends.

There are two assistant medical officers. One is a lady, and has charge of the women and children in the Hospital.

The Lady Superintendent, Miss Foggett, has been at the Bradford Union Hospital for ten years; she was trained at Birmingham Infirmary, where she was afterwards night superintendent and theatre sister. She came to Bradford from the New Infirmary, Walsall; she had been Lady Superintendent there for three years. Miss Foggett is very interested in nursing questions; she is a masseuse, and holds the certificate of the C.M.B.

Since Miss Foggett came to Bradford three new blocks have been added, and everyone connected with the Hospital is trying to keep up with modern ideas with regard to both medical treatment and nursing.

## REFLECTIONS

FROM A BOARD ROOM MIRROR.

Queen Alexandra has forwarded her annual subscription of five guineas to the British Home and Hospital for Incurables, Streatham, S.W.

Mr. J. Stroud Hosford, F.R.C.S. Edin., has been appointed Honorary Surgeon to the Royal Eye Hospital, London.

As the result of the ninth annual sale of her home-made products Miss Fanny Marriage has sent £100 for the benefit of the cancer ward of the Middlesex Hospital.

The Chairman of the weekly board of the Lincoln County Hospital last week reported that they had advertised for a junior house surgeon, and fixed the salary at £75, without result, and the Board was obliged to appoint a *locum tenens*. The Board came to the conclusion that they must raise the salary of a junior house surgeon to £100, subject to the approval of that meeting. The result had been satisfactory, as there were now nine applications. There was not one application before.

A Matron or head nursing officer—responsible for the whole of the nursing and domestic administration—who is practically seldom off duty is considered generously paid if she receives the salary offered for a junior house surgeon—who has little or no personal responsibility in an administrative sense.

At the recent inauguration of a new heating and power centre at the Royal Samaritan Hospital, at Glasgow, Lord Rowallan, who presided, said the work of Dr. Mary Hannay, the pathologist, had been greatly hindered for lack of a new pathological building; he also pleaded for a mortuary and mortuary chapel, and said he thought it would be impossible to exaggerate the importance of that in connection with their hospitals. It was very desirable that when a death occurred there should be some seemly place in which the body should be laid. He felt it was especially important that they should get people into the custom of conducting funerals from the hospitals rather than having the body taken home to a small house.

## WELCOME HELP.

The Hon. Secretary of the Nurses' Protection Committee acknowledges with thanks a donation of 5s. from Miss E. M. Waind, and 2s. for State Registration from Miss G. J. Challis.

## WEDDING BELLS.

The marriage has recently taken place of Miss E. Nicholson, late Matron of the Manchester Children's Hospital, Pendlebury, and Mr. Charles Roberts, F.R.C.S., Surgeon to the same hospital.



## EXAMINATIONS FOR WOMEN HEALTH VISITORS AND SCHOOL NURSES.

The next Examination of the Royal Sanitary Institute for Women Health Visitors and School Nurses will be held in London on April 26th and 27th, and to assist School Teachers and other students entering for the Examinations in Hygiene in its bearing on School Life, as well as Health Visitors and School Nurses, a course of lectures will be delivered at 90, Buckingham Palace Road, S.W., beginning on Friday, February 16th, at 7 p.m., for which a fee of £1 1s. will be charged. The Course will consist of Lectures and Practical Demonstrations on Physiology, Personal Hygiene and the Sanitation of School Buildings and Dwellings. The Hygiene of Child-life and Educational Methods will also be dealt with.

Special arrangements will also be made for each student to attend a course of six Infant Consultations under the direction of Dr. G. Eric C. Pritchard and, in connection with these, opportunity will be afforded for students to follow up this instruction by visiting the infants in their homes. Students desirous of attending the lectures are asked to send their names at once to the Secretary of the Institute.

Many Local Authorities have in recent years appointed Health Visitors who have hitherto prepared themselves mostly for their duties by taking the examination for Inspectors of Nuisances, but the nature of their duties renders it important that they should be more specially qualified in other matters relating to personal hygiene and the care of children which do not come within the scope of the duties of an Inspector of Nuisances, set out by the Local Government Board.

The lectures arranged by the Royal Sanitary Institute meet a real need, therefore, especially as its certificate is named in the Local Government Board Order as one of the qualifications for Health Visitors, and a memorandum issued by the Board of Education suggests that, as the inspection of School Children becomes general it will be necessary to appoint School Nurses, whose duties will approximate to those of Health Visitors.

## LECTURES ON MILK.

The courses of lectures on milk given at the South Western Polytechnic Institute, Manresa Road, Chelsea, S.W., have been most successful, and many people will be glad to know that a new course of six lectures followed by practical work is to be delivered there by Dr. A. Harden, F.R.S. (of the Lister Institute) on Thursday evenings at 7.30, commencing on February 1st.

The syllabus of the lectures includes the Chief Properties of Milk, Bacteria in Milk, Changes produced in Milk by Bacteria, Spread of Disease by Milk, and Preventive Measures. A practical class will be held immediately after the lecture. The fee for the course is 2s. 6d.

## THE MOTHER'S FRIEND AND HOUSEHOLD GUIDE.

A most useful little booklet, compiled by a member of the Nurses' Social Union, and printed by Hammett & Co., North Street, Taunton, contains a large amount of practical information, in simple language, for the small price of 2d.

### THE HOME.

On the subject of turning out a room the writer says:—"Speaking generally, I should imagine the English would be regarded as a cleaner race than the French, but one thing that French housewives beat us in is that excellent habit of theirs of taking to pieces and remaking the mattresses of their beds. This can be done at home in the following manner: If filled with wool, take your mattress to some out-of-the-way place, and lay it on a sheet on the floor. Unfasten the small rounds of leather, and rip open one end of the mattress, emptying the contents on to the sheet. Pick any lumps apart with fingers. Wash, starch, and iron ticking. Replace the wool, taking pains to keep the mattress even on the floor, and stitch it up again. If it is a feather mattress treat it in the same way, but before refilling rub all the inside well with yellow soap or beeswax, especially the seams, as this prevents sharp points of feathers working through the outside covering."

### THE PARENT.

In the chapter devoted to "The Parent" we read: "More and more, as time goes on, do we learn to realise that it is tremendously important to keep the life blood of our bodies pure and free from taint, everyone refraining, at least as far as he or she is able, from inflicting disease and suffering on their children and descendants. There are three poisons which may do most harm to the race, namely, drink, lead poisoning, and syphilis."

Trained nurses have a responsibility in educating those with whom they come into contact concerning the danger of these poisons.

The baby and the child both come in for their share of attention, and lastly the kitchen.

### THE KITCHEN.

The chapter on "The Kitchen" has as its heading a quotation from Johnson's Dictionary: "Oats, a grain which in England is generally given to horses, but in Scotland supports the people." A number of excellent and economical recipes for cooking are given in this chapter. In relation to soups we read: "In England this important diet is so much neglected that, unlike our French neighbours, we seldom enjoy that tasty and nourishing form of food. Inexpensive soups are those made without fish or meat, but the secret of the best soup-making is to have a stockpot always ready on the hob, into which all forms of meat, bones, and some vegetables can be put, and left to simmer in water. Put all ingredients into cold water. Crusts of bread can be used up."

The booklet is to be commended to the attention of district nurses and others.

## OUTSIDE THE GATES.

## WOMEN.

The Lords Commissioners of His Majesty's Treasury have appointed Mrs. Creighton to be a member of the Joint Committee of the several bodies of Insurance Commissioners under Section 83 of the National Insurance Act. Mrs. Creighton—as a past President of the National Union of Women Workers—is much respected and beloved by a wide circle of fellow workers.

The Women's National Health Association of Ireland is doing very useful work, especially in interesting all classes in cleanliness and a high standard of physical well-being, but the suggestion that it should be used in support of the National Insurance Act, by becoming an approved society under the Act is not in our opinion calculated to maintain the harmonious working of the Association. This suggestion, put forward last week by Lady Aberdeen (the President)—before branches at Queenstown and Cork—met with opposition. At Queenstown it was decided that the branch should be in no way connected with the Insurance Act; and at Cork it was decided to defer the consideration of the subject.

Criticising a press statement in which an opponent to giving women the vote says:—

"We are living to-day in a world that is liable at any moment to be convulsed by wars that can only be waged and won by men"

Mrs. Pethick Lawrence writes in last week's "Votes for Women":—

"In modern days, the service of women is indispensable in the time of war. We are told that Florence Nightingale did more for the well-being of the British Army than any one man that could be named, and that was because she realised better even than the War Office of her own day that the conditions of warfare have undergone a profound change during modern times. She discovered that the efficiency and strength of an army depends enormously to-day upon its rear. As with our fire-arms, so with our armies—the *loading point has been put farther and farther back*. And women as well as men are the loaders of our modern Army machine, and women even more than men are the cleansers of it when it becomes fouled through fighting.

"The military organisation developed by modern conditions demands an ever-increasing proportion of non-combatants to combatants, for at the back of every combatant we have a whole line of workers, through whose exertions alone he is able to take the field. Our military organisation, in fact, has developed just as our civil organisation has done, and depends not on mere physical force, but on an economic combination which draws upon the whole community for its supplies."

"The co-operation of women in a thousand ways is necessary to the efficiency of any modern army on the physical, the material, the moral and the spiritual plane, and for that reason alone, if for no other, they might base their claim to the right to be represented in the Councils of the State."

THE SEVENTH  
MARCHIONESS OF RIVIÈRE.

## A PSYCHICAL INTERLUDE.

(Continued from page 36.)

Papa sat at one end of the breakfast table, Andrea at the other. They were alone, because the past three years had brought great changes to Carillon.

Where was Mama?

"Just resting," said Andrea, and when the curate would explain further, she looked through him in that disconcerting manner, her chin lowered, her brilliant eyes gleaming through a mere chink of fringed lids, which fired him with passionate zeal to pluck this particular brand from the burning. If only— But when the girl bent and kissed her "most beautifullest" bow-wow—which, as usual, was seated on the edge of her skirt—between the eyes, and asked "Do you think this dear hound will go to Heaven—'cos me doesn't want to go without him?" he rose hastily—but ultimately consented to stay and eat apricots hot off the garden wall. He was one victim of many!

Then both the beauty sisters had married in their teens, to the supreme satisfaction of Mama, who eyed Andrea suspiciously on her nineteenth birthday, and expressed the pious hope that Fate did not intend to despitely use her by making her the mother of an old maid. For there really were old maids in those days—dear unappropriated blessings—the salt of the earth—who lavished prodigious affection on the younger generation—and oftentimes performed the maternal duties omitted by the exhausted mother of a dozen children.

Then, also, all the brave boys had gone forth, to carve out great careers, the intention of all brave boys, whether they rise or fall—and though Andrea envied none of them, yet—when you were darning stockings most exquisitely over a wooden egg—it was a relief to prick your finger, and realise that you were a live and sentient being with red blood in your veins! And then if you glanced into the pasture, you could see Dimple and Cowslip, and a dozen other pure-bred mothers of the herd, serenely chewing the cud, and conscience-stricken you might call out "Oh! you beautiful, dignified, generous dears—do you know how much the quality of our race depends upon your maternal capacity?" and you might furthermore slip over the wall, and sit on a carpet of buttercups in their midst, and thus quell divine discontent—until aspiring warblers upsprang beside you, and sounding their silver trumpets—soared and soared towards the sun—where you could never follow!

\* \* \* \* \*

"Ah," exclaimed Papa from his end of the table, balancing his specs on the end of his nose, "This is good news indeed."



And up sprang Andrea to read the paper over his shoulder.

Papa put his finger on the following paragraph: "An alliance has been arranged between the Marquess of Rivière, heir to the Dukedom of Beauvais, and the Honble. Rosabelle Lanark, heiress in her own right to the barony of Lanark. The engagement has aroused widespread interest in the social world, and the marriage will take place at an early date. It is now three years since the present Marquess succeeded to the title—upon the tragic death of his brother at Rome."

"Ah," sighed Papa—"that was a sad affair—such a fine horseman. It seemed the irony of fate—but the half-broken brute took fright in a storm—and the gates of the villa were closed—it crashed—"

"Oh! why—why aggrandise death?" cried Andrea—"surely it is only life which is. Come—come into the garden, and see how the earth is sprouting—the Spring is here!"

#### THE CRY OF ISHMAEL.

Andrea ran out without cloak or hat.—It was just such a spring day as her soul loved. A boisterous gale was blowing from the West, before which low-lying dusky little clouds scudded to eastward across a colourless sky.

From the resinous buds of outbursting trees the raindrops of a passing shower dripped slowly, and the earth was damp and redolent of fresh mosses, violets hidden in the hedgerows, and the vigorous nodding daffodils which grew in the grove. Andrea ran down the shadowy avenue of chestnuts—and out into the upland pastures, where the early lambs gambolled, and the swift shadows of passing clouds skimmed the dewy grass. A turbulent, over-full stream rushed along at her feet, spanned away down to the right by a narrow plank bridge, flung across the water for the use of the shepherd, when in the early dawn he heard the bleating of the ewes in travail and hastened to their relief. He came now, this tender shepherd, striding across the field, grasping in each hand the four trotters of twin lambkins just newly born, their mother ambling at his heels. He was a bent and angular creature, but as "fond" over an unhappy cade lamb as a woman over a stray babe, as he fed it gently with fresh milk from a teated can, with many endearing words.

Andrea cupped her mouth with her hand, and called good morrow to the shepherd. She could not catch his answer distinctly, but she opined that "it was a melch day—a fine lambing season, and no cades so far." The girl was country bred, and had no mock modesty concerning the laws of mother Nature.

The day was young and buoyant, beneath her feet were silvered blades of fresh grasses, and her heart was in unison with young and tender things. She was dimly conscious that somewhere sorrow held sway. Physical wrongs, hunger—thirst—cruelty—pain, that some day she must come in touch with them—some day; but her keen, appreciative soul had drunk so deeply of Nature's

pure elixir, that she also realised the store of reserved force with which she would stand straight, and fight to right wrong when the time came—that would be easy. Had she not met grief, and looked up—and passed on?

\* \* \* \* \*

Across the field a woman came. A slight laggard figure, with bent head, and face hidden under the shadow of a cotton bonnet, by the hand she guided a toddling child, and as she came nearer Andrea recognised in this shadow woman Lois, the blacksmith's daughter. All knew her sorrowful story. She was close to Andrea before she raised her head, then she made to pass her without speaking. But Andrea stood in the path, and she stooped down, and took the child up in her strong arms, and pressed his pale cheek to her bosom—his little face was seared with suffering—and one eye had withered in its socket.

"Oh! Lois. You poor thing. what injury has happened to his eye—surely a mother has strength to protect her own flesh and blood—as a tigress does?"

The mother paled and flushed, her poor trembling hands clutched at her bonnet strings, tears sprang to her big sad eyes.

"Father can't never forgive me," she cried. "And now mother is dead he beats and clenches the child—it was him as blinded his eye—he flung his 'ammer at 'im, and me his mother a-standing by."

The souls of the women shivered in sympathy,—the one upwelling from the fathomless spring of maternal passion—the other sunk in an abyss of shame and woe.

\* \* \* \* \*

Half-an-hour later Andrea was still standing beside the stream—all the beauty had died out of the day. Hunger—cruelty—pain; she had seen them stalking afar off—but they were here—close at hand, clamouring at her heart strings. Half unconsciously her eyes followed the woman and her child, as they stepped hand in hand on to the narrow plank bridge over swollen hurrying waters. For a moment the two figures stood side by side over mid-stream, then the woman threw up her arms, the baby child swayed, a great gust of turbulent wind swept across the uplands—and the woman came over the bridge alone!

\* \* \* \* \*

Then Andrea knew that she had looked upon the horrible face of murder.

\* \* \* \* \*

Later the whole heartrending story was made known to the world through the press. It was reported that "yesterday Lois Bellamy was found guilty of the murder of her illegitimate child. On the jury returning their verdict, a most painful scene ensued. In an incoherent speech, broken with sobs, and with blood streaming from her nostrils, the wretched prisoner related how she had been maddened by the desertion of the father of her child, and by the sight of its suffering



at the hands of her drunken father, and how the water called—and she let go its hands, and a great gust of wind came, and the child was drowned and—let God see to it.”

Yet the judge put on his black cap, and delivered sentence that the prisoner be hanged by the neck until she be dead!

\* \* \* \* \*

Andrea, who was in court, rose instinctively with the prisoner to listen to that terrible sentence.

She supposed she maintained silence because the Majesty of the Law did not call her to order.

But surely somewhere the cry of her spirit could be heard demanding mercy.—Nay, and not only mercy, but justice—and punishment for the father of that murdered child.

Then it was for the first time that she took up her pen—and as it flew over the paper, poured forth all that her tongue might not utter. With what daring and menace her signature “Andrea Carillon” stood out upon the sheet—with what firmness she stamped the seal.

The document—grim—daring—logical—human, did its work. The thin white neck of the prisoner escaped the bruise of the rope—but the girl who wrote it was never young any more.

\* \* \* \* \*

Rosabelle Lanark was gathering forget-me-nots in the Duchess’ garden, she came and pinned them on her lover’s coat. How changed he was! Cold and reserved he was no longer the brilliant and strenuous man who had won her heart in the past—and yet was he not even more beloved?

“John,” she said—with a little flush—“you can, and you must save that poor creature.”

“I will ride down to Carillon at once,” he said, moving to the gate.

“To see the old lady who wrote the wonderful appeal?”

“Yes.”

\* \* \* \* \*

“Did you see her?”—questioned Rosabelle, as he took his seat beside her, late for dinner. “Was she a kind old thing?”

He did not at once reply, but as he turned towards her, she caught a glimpse of the old force and gaiety.

“She was all beauteous grace”—he answered: “I saw her afar off—she was in a field picking cowslips for making wine—I helped her gather them—it was a golden day—we stood together on cloth of gold—she was dressed in something light and fluttering—like purple mist—I think her eyes are purple, her hair grows in little tight waves all over her head—she inspired the picture—the Seventh Marchioness of Rivière—but she is no myth—she is here—here—in this world—alive—”

The Duchess had risen—Rosabelle followed her. “She has marvellous dignity for so young a woman,” thought the old Duke as he watched her pass out of the room.

ETHEL G. FENWICK.

(To be continued.)

## BOOK OF THE WEEK.

### CHRISTOPHER.\*

“He, was what his mother’s maid Trimmer, pressed by untoward circumstances into all sorts of duties which were to have fallen to the lot of a crinolined lady waiting in London—he was what Trimmer called a ‘posthumous child.’ The word pleased and encouraged her. She spoke it frequently and with unction, dwelling longingly, for euphonious reasons, upon the syllable immediately before that with which she had embellished it.” Not only was he “posthumous” but born unexpectedly at sea, which happening had done the crinolined nurse in London out of her job. Trimmer wore a chignon, so the period is fixed. The volume is divided into three books, all of which are good, but the first the most delightful. In it we have given to us Christopher’s childhood spent with his mother and Trimmer at Boulogne. It was the time of the war, and even Trimmer hummed the Marsellaise.

“Le jour de glwore est arrivay.”

“Gloire, Trimmer, not glwore.”

“Glwah,” amended Trimmer, “Le jour de glawh.”

It was in Boulogne that he became fascinated by the beautiful lady whose chignon was different from everybody else’s, different even from his beautiful mother’s. Mrs. St. Jemison he heard was not a nice woman. He tackled Trimmer.

“Because she had run away from her husband, if he must know.”

“And what did the ‘Custody of the Child,’ mean?”

Thus Christopher as a small boy.

Notwithstanding all the delights of Boulogne, the London visit put them in the shade.

There was something stimulating in the very uproar.

This is London, everything said. This is London.

“O this crowd and the noise, ’m. There’s the valise, ’m. Near the ’ip bath. Now perhaps we shall get along.”

What Christopher chiefly noted in the cab was the straw, bits of which he picked off his mother’s dress, and the deafening rattle of the windows that made conversation almost impossible. Delicious the meal that was in waiting, with chops that were not cutlets, and a vegetable that according to Trimmer, was not a legume.

The story is so pleasantly written and descriptive, that one forgets to quarrel with a certain wrong-headedness.

But why should Christopher’s beautiful young mother accept without great demur the cast-off lover of Mrs. St. Jemison, and why is he to be accepted without any apology at all by the reader as the ideal husband and stepfather of Christopher?

In after years Christopher meets and falls in love with the child whose “custody” had

\* Richard Pryce. (Hutchinson & Co., London.)

perplexed him in his childhood. We never guess till the last page that this girl is bad at the core. Perhaps it would be fairer to say handicapped heavily in being the daughter of her mother. She fools young Christopher while amusing herself with Heccadon, with whose wife she is on terms of intimacy. But she assures Christopher

"If he called to me. . . ! Don't be afraid. He won't, and I shouldn't lose my head if he did. I was born later you see than poor mother. But if he did."

She said all this without shame. There was something not ignoble in her frankness.

"Mrs. Heccadon?" Christopher forced himself to say.

"Margot? She understands each of us. She understands each of us. She is one of the people who are born to pay. As I am not," she added after a moment, and he knew she was right.

In reading this book we are constantly expecting and constantly experiencing disappointment.

No one achieves. That Christopher does achieve some future day is hinted at, but that does not console us.

Climbing the years—from Boulogne to London he had been under a delusion. He was to know, maybe, that he was under a delusion. He was to know beyond all doubt, if so that the delusion itself had been divine. Was it?

We are told that in spite of all this girl was the ultimate joy of his conscious and unconscious seeking."

H. H.

#### COMING EVENTS.

January 19th.—The Royal Sanitary Institute, 90, Buckingham Palace Road, S.W. "Problem of After Care of Sanatoria Patients." By T. D. Lister, M.D., B.S., F.R.C.S. 4 p.m.

January 26th.—Central Midwives Board. Penal Cases, Board Room, Caxton House, Westminster, S.W., 2 p.m.

February 7th.—The Royal Infirmary, Edinburgh. Lecture: "Some Hints and Observations on the Physiology and Treatment of Skin Diseases." By Dr. Gardiner. Extra-mural Medical Theatre, 4.30 p.m. Trained Nurses cordially invited.

February 7th.—Dickens Centenary. National Council of Nurses, Sairey Gamp At Home. The Doré Gallery, 35, New Bond Street, London, W. Exhibition, Music. Refreshments, 8.30 p.m. Guests to be in character from the Works of Dickens. Tickets, Professional, 3s.; Friends, Non-Professional, 5s. Apply, Miss Cutler, Hon. Sec., St. Bartholomew's Hospital, London, E.C.

#### A WORD FOR THE WEEK.

Dream Bright Dreams,

And they will comfort you.

Be Patient: One by One they will come true,

And Death will be more fair.

SIVORI LEVEY.

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

### COMPULSORY FEVER TRAINING FOR REGISTRATION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In your issue of January 6th I observe a further letter from Miss E. A. Stevenson regarding Sir William Macewen's remarks at our annual meeting. I have nothing further to add to my previous letter except to say that it is a matter not only of "opinion" but of *knowledge* that "neither the S.N.A nor its President holds that fever training should be compulsory for all nurses."

Yours faithfully,

P. H. ROBERTSON, M.B.,

Secretary, Scottish Nurses' Association.

5, Kelvin Drive, Glasgow.

### PILFERING IN THE NURSES' HOME.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I think it is high time something was done to grapple with pilfering in Nurses' Homes—from what I hear from friends in the best hospitals and also from personal experience in one of them—it is a very serious abuse. Then does the evil stop at pilfering? It does not. When, on your day out you go to your locked drawer, and find your best coat and skirt has disappeared, it is not only a very serious matter to a woman earning a very small salary—but it amounts to *theft*—not pilfer. Matrons and Committees of late years have had the very greatest worry on this question—they naturally, for the good name of the hospital, try to hush it up, when, in my opinion, they would be much wiser to give it the widest publicity possible. No doubt poverty may account for some of the thefts—as the goods are known to have been sold and not worn—but lack of delicacy also accounts for the pilfering of small articles of apparel. I would suggest that a rule should be printed, and enforced in every school—that no borrowing of any article of apparel is permissible, and that those found infringing this rule should be called upon to resign from the service of the hospital.

I am, yours truly,

ONE WHO HAS SUFFERED.

DEAR MADAM,—I do not think that pilfering is always due to inadequate salaries, that is, when the articles taken are wearing apparel and eatables. When I was in hospital, I found the greatest offenders were women with ample private means. They "borrowed" and forgot to pay back; if I found any of my property in another room

(which I frequently did), and enquired how it came there, the answer was: "Oh! you were not in, and I knew you would lend it me, so I took it." The unfortunate thing was they frequently forgot from whom they "borrowed," so could not pay back. I remember how I prided myself on the fact that no one "borrowed" my collars, because I wore size 16, and none of my friends (?) went beyond 13½. I also luckily had big feet, but nothing else was safe from my careless borrowing friends—I had almost written "fiends."

Yours truly,

ONE WHO HAS SUFFERED.

### THE RESPONSIBILITY OF THE FAMILY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I did see the account of the inquest of which "Slum Sister" wrote, and wondered if men would always believe that they and they alone keep their wives and families. There is not one man in a hundred who works one hour more when he has six or a dozen children, than he did before the birth of his first; neither does he smoke any less. It is the mother who works all the time, and who goes without; the man is not to blame that he does not work more, because, in most cases, he could not, if he would. But honour to whom honour is due; it makes little difference to the man, but all the difference in the world to the woman, if there is a small family or a large one.

Yours truly,

MATERNITY NURSE.

### THE DEPRECIATION OF DISTRICT NURSING.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I attended a meeting at Leeds lately where an admirable address was given by Miss Thurston on the work and aims of the West Riding Nursing Association, in which she observed that the three principal aims of the Association were (1) to dispel ignorance, (2) to inculcate thrift, and (3) that their nurses should be thoroughly trained in midwifery. We must all agree that these aims are admirable, but what I find in the rural districts in Yorkshire is that a fourth doctrine must be adopted—and that certificated midwives should be "thoroughly trained" in nursing—as this skilled work is being given over to them almost entirely by lay-managed Nursing Associations—with consequent depreciation of the art.

I am, yours truly,

DISTRICT NURSE.

### COTTAGE NURSES IN IRELAND.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—If it were not for your JOURNAL we district nurses in Ireland would know nothing of the danger to the standard of our work in Ireland. I am glad to note that Miss Brodrick states that the best in our Irish nursing circles

is opposed to foisting on our poor, mothers' helps as trained nurses. My experience in England is that society women have nearly ruined nursing in rural districts in England—by sweating very insufficiently trained women—and as an Irish woman I pray this evil system may never get a foothold in old Ireland.

Yours gratefully,

AN IRISH DISTRICT NURSE.

### REPLIES TO CORRESPONDENTS.

*F. C., Chelsea.*—Apply to Miss Cutler, St. Bartholomew's Hospital. She has the entire management of the matter. Fancy dress is obligatory.

*Sister Veronica, Dublin.*—It is not possible in this general nursing Journal to deal as fully with the question as you desire. We should advise you to take "The Shield," the official organ of the British Committee of the International Federation for the Abolition of State Regulation of Vice, monthly, post free, 1s. 6d. a year, 19, Tothill Street, Westminster, S.W.

*Miss C. T., Manchester.*—The first prize of £7 7s. is estimated to cover the whole cost of attending the International Congress at Cologne. It can be done for less, of course. More details on this point later.

*Miss G. F., London.*—Write to Lady Superintendent, General Hospital, Winnipeg, Canada. We quite agree with her that women wishing to succeed as Nurses in Canada should train there.

### OUR PRIZE COMPETITION FOR JANUARY.

*January 27th.*—What care must be taken when removing the clothes of a person badly burned?

### PRIZES FOR NURSING HANDICRAFT

(See page ii. of Cover).

### NOTICES.

#### THE ISLA STEWART ORATION PAMPHLET.

The Isla Stewart Oration Pamphlet with Portrait can now be obtained from THE BRITISH JOURNAL OF NURSING Office, 431, Oxford Street, London, W. Price One Shilling.

#### NEW SUBSCRIBERS.

The Editor hopes that every reader, who values THE BRITISH JOURNAL OF NURSING, will get one or more new subscribers—so that its constructive work for the profession may receive ever increasing support.

#### STATE REGISTRATION OF TRAINED NURSES.

Full information as to the movement for the State Registration of Trained Nurses, and application forms for joining the Society can be obtained from the Hon. Secretary of the Society for the State Registration of Trained Nurses, 431, Oxford Street, London, W.



# The Midwife.

## THE FOLK - LORE OF THE UMBILICAL CORD.

The *British Medical Journal*, in an interesting article which we quote, in part, below, says :—

In Scotland there are various beliefs which centre round the umbilical cord as regards its power of affecting the genito-urinary organs and the general health of the new-born child.

In a curious collection of miscellaneous "information," originally published in London in 1595, we find it laid down that—

As soon as the child is born—especially a boy—there ought to be great heed taken in the cutting of the Navel String; for the Member of Generation doth follow the proportion of the Navel String; and if it be tied too short in a Wench it may be a hindrance to her bringing forth her child. Therefore it is meet that Midwives have a great regard therein!

Here, then, we have clearly pointed out to us the danger of overdoing what otherwise is a necessary precaution.

In Scotland there is a further belief that if the umbilical cord be tied carelessly and allowed to bleed, the child will be a bed-wetter. The compiler of *A Thousand Notable Things* varies this somewhat, for he says :

If the navel string after it is cut do chance to touch the ground before it is burned, the same child will not be able to hold his or her water, whether night or day.

Elworthy, speaking of Devonshire, bears testimony to this belief :

The piece of the *funis umbilicus* should be taken off at the proper time and burnt; if this is not done and it is allowed to drop off naturally, especially if it should drop on the floor, the child will grow to be a bed-wetter.

He goes on to make what is obviously a reference to the connection between the cord and the genital organs :

Much more might be said as to the reasons given for the careful attention to this operation, especially as to the different treatment of a boy and a girl.

The number of "knots" on the umbilical cord of a first-born child is held to foretell how many of a family the mother is to have; divination and augury being thus added to the power of the navel string in addition to sympathetic effect.

In Lincolnshire it is believed that the navel string should be carefully kept by the child's mother, just as some hold that a caul should be kept, otherwise harm will accrue to the child. And, to quote *A Thousand Notable Things* again, we find that "a piece of a child's Navel String, worn in a ring, is good against the Falling Sickness, the pains of the Head, and of the Collick." Later on in the book the cure is repeated, with the emendation that the "Navel string must be so borne as to touch the skin." Salmon tells us that

a drop or two of the blood of the Navel String being first given to a new-born Child in a little Breast milk prevents the Falling Sickness, Convulsions and all other Fits; and very wonderfully revives it almost dead.

This belief that the umbilical cord has a sympathetic connection with the child, and that what is done to it produces a corresponding effect for good or ill on the child, is common in various parts of the world. Frazer tells us that in Mandeling the midwife cuts the cord with a piece of a flute on which she has first blown, as then the child will have a good voice. Among some tribes in Western Australia it is held that a man swims well or ill according as his mother puts his navel string in water or not. In Rhenish Bavaria the cord is kept for a while wrapped in old linen, and then cut or picked to pieces according as the child is a boy or girl, in order that he or she may be a good workman or a skilful seamstress. The navel string of a boy in ancient Mexico was given to soldiers for burial on a battlefield in order that the boy might acquire a passion for war. So among the Indian tribes of British Columbia the cord fastened to the dancing mask of a famous dancer will make the child a good dancer; attached to the knife of a skilful carver, a good craftsman in woodwork; attached to the baton of singing master, a good singer. And the navel string of the King of Uganda is kept with the utmost care throughout his life. Wrapped in cloth, the number of wrappers is increased with the years of the king, until it ultimately assumes the form of a human figure swathed in cloth. The custodian ranks as an important Minister of State, the bundle being from time to time presented to the king.

Hartland also deals very fully with the subject. In cases of barrenness, water containing three drops from the navel of a newborn child

is given in Olchawice (Russia). Other women, especially Jewesses, are said to suck blood from the child's navel. Ukrainian women drink water in which a portion of an umbilical cord has soaked. Among some of the Roumanians in Hungary it is the custom that a barren woman eat the dried remains of the navel string and drink some of the blood. A Kamtchadal woman, who on bearing wishes to become pregnant soon again, eats her infant's navel string; while among the Maori women of the Tupu tribe certain trees which are associated in the popular mind with the navel strings of mythical ancestors have the power of making women fruitful, and until lately the navel strings of all newborn children were hung on their branches. Barren women embrace them, and according whether they embrace them from the east or west side they conceive boys or girls.

### TRAINED MATERNITY NURSES' ASSOCIATION.

This Association, which was founded in the spring of last year, has its head office at 33, Strand, London, a very conveniently situated place—close to Charing Cross station. The following are the main objects of the Association:—

#### OBJECTS.

- 1.—To unite for their mutual protection Trained Maternity Nurses whose names are on the Register of the above Association.
- 2.—To constitute the practice of Maternity Nursing by Maternity Nurses.
- 3.—To definitely pledge to co-operate in the great fight for State Registration.
- 4.—To wear a distinctive badge.
- 5.—To maintain a Register and Employment Bureau for the use of Maternity Nurses and those who require their services.
- 6.—To establish post-graduate lectures on Maternity Nursing in London and the provinces.

The Association has an interesting field of work before it. In a leaflet recently issued it is stated that the skilful and sympathetic nursing of mother and babies is one of the most important branches of nursing, and yet, strange as it may seem, in the present condition of the law any woman may undertake the calling of a maternity nurse whatever her qualifications or disqualifications may be. Her personal habits may be far from cleanly, her knowledge on technical matters nil, yet she is free to do as she pleases—to undo perhaps in an hour all the good wrought during the anxious period of child-birth by skilled midwifery treatment.

Fortunately a woman can train as a maternity nurse *if she chooses*, and still more fortunately there are a number of conscientious women who have taken advantage of this chance and gone in for institution training in maternity nursing.

It is these trained maternity nurses the Association proposes to organize and help. A list of trained maternity nurses residing in England and Wales, and when they are disengaged, is kept at the office of the Association, and those requiring the services of *fully qualified and recommended nurses* are earnestly requested to apply to the Secretary of the Trained Maternity Nurses' Association who will give every information.

Another useful departure is the supply by the Association of patterns of maternity gowns and baby clothes, which can be obtained at the office, and orders taken for the same at moderate charges.

Mrs. M. Binnie, the kind and enthusiastic Secretary, may be applied to for all further information.

#### EXAMINATIONS.

The next examinations of the Central Midwives Board will be held in London and Bristol on February 13th. The Oral Examinations follow a few days later in each case.

#### HEALTH POSTERS.

The two next posters issued by the National League for Physical Education and Improvement will show the dangers arising from unguarded fire-places and from clothing made of inflammable kinds of flannelette, and the evils of push-carts when used for very young children.

#### THE BIRMINGHAM AND MIDLAND HOSPITAL FOR WOMEN AND MATERNITY HOSPITAL.

Now that the Birmingham and Midland Hospital for Women has assumed the responsibility of the Maternity Hospital, which has had a deficit of several hundreds of pounds, it is making great efforts to increase its income, and the organizers of the ball which was held at the end of last year, and who have just issued their report, have made the satisfactory announcement that a profit of £279 16s. 9d. was the result. This has been raised to £300 by an anonymous friend.

The ball was arranged by the Moseley branch of the Women's Hospital League, and held at the Grand Hotel. The only drawback seems to have been that its friends came so well to its assistance that the room was too full for dancing. Four hundred and fifty tickets were sold, and a hundred more refused. It is hoped to make the event an annual fixture.

# THE BRITISH JOURNAL OF NURSING

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## EDITORIAL.

### PLAYGROUND CLASSES.

The Education Committee of the London County Council reported to that body on Tuesday that they have had under consideration the question of holding playground classes for the ensuing financial year. As such classes have now been held for three years, in connection with the elementary schools maintained by the Council, they are of opinion that the future policy should be determined. Reviewing the whole of the past action they state that the classes were established of four types—(a) Classes which form a centre for delicate children from neighbouring schools; (b) a class in which all the children are drawn from various standards in one school; (c) a class in which the pupils are drawn from a particular school, but are all in the one class, the same class being taken during the whole of the summer; (d) a class in which the pupils are drawn from a particular school only, and various classes are taken out into the open in rotation.

The most popular have proved to be classes (c) and (d), and the Council decided in 1911 that as many as possible should be of Class (d).

We should expect the effect of an abundance of fresh air to be magical on children who for the most part sleep at night in rooms where they do not have enough cubic feet of air space, and of which the windows are tightly closed. In common with all young growing things children need warmth, good food and fresh air for their rightful physical development, and it is interesting to learn that teaching in the open has had a most beneficial effect upon the children. The reports both of H.M. Inspectors and of the Council's district inspectors for the present year have been

very favourable, and the head teachers are almost unanimous that the classes should be continued.

Generally speaking, it is stated that the children are fresher, brighter, less subject to fatigue towards the end of the school session, suffer less from colds and minor ailments necessitating absence from school, there is less dullness and sleepiness, and the activity, carriage and appearance of the children have improved.

Mentally the children are more alert and grip their work better; they show more intelligence and zest in getting about their work; there is more concentration; and the greatest interest in outdoor practical work is shown. There is also a more natural form of discipline, improvement in temper and character, less irritability, more independence, resourcefulness and reliability, and friendly relations between teachers and children.

All these substantial benefits from breathing the fresh air supplied by Mother Nature, free to all, instead of the more or less poisoned compound enclosed within the four walls of the average class-room!

From the parents' point of view the playground classes are very popular. Some objections were offered at first but were quickly withdrawn, and many parents have written expressing their great appreciation. Very many state that the children's general health is better, and special mention is made of the fact that they eat and sleep better.

The Education Committee of the L.C.C. have therefore arrived at the conclusion that the experiment of conducting classes in the open has been amply justified and that an extension of the scheme would be of very great benefit. They are of opinion that it would be ultimately desirable to hold playground classes in every school where the playground accommodation is sufficient.



## THE MATRONS' COUNCIL.

The Annual Meeting of the Matrons' Council was held at 431, Oxford Street, London, W., on Wednesday, January 17th, at 3 p.m. There was a good attendance of members from all parts of the country. In the unavoidable absence of the President, Miss Heather-Bigg, the chair was taken by Miss Beatrice Cutler.

The minutes of the previous meeting having been read and confirmed, the Treasurer, Mr. Walter Spencer, presented the financial report which showed a balance in hand at the close of the financial year of £5 10s. 11d.

The Hon. Secretary, Miss Mollett, then presented the Annual Report, which showed that 29 new members had been elected during the year.

Applications for membership were then considered and the following members elected:—

Miss Blagney, Matron, General Infirmary, Chester.

Miss Tait Mackay, Superintendent, Cornwall County Nursing Association.

Miss Muriel, Matron, Maternity Nursing Association, 63, Myddleton Square, W.C.

Miss Parker, Matron, Cumberland Infirmary, Carlisle.

Miss Parsloe, Woodlands Convalescent Home, Rawdon, Leeds.

The appointment of a fraternal delegate to the International Congress of Nurses at Cologne was then considered, and Miss Mollett was unanimously appointed to represent the Council as a fraternal delegate.

Miss Mollett, after having expressed her thanks for the honour done her, reported that she had made enquiries as to travelling arrangements and accommodation in Cologne for 7 days, and having obtained terms from Messrs. Thomas Cook's Agency she was prepared to arrange for a party of not less than 50 travelling out together from London to Cologne, first class steamer and second class rail, at a cost of £7 for the 7 days, to include gratuities. There would be provided for this, plain breakfast, lunch and dinner, rooms, lights and service at a good grade hotel, but it was improbable that single rooms could be obtained for the majority of the party.

Miss Mollett also reported that the South Eastern Railway were prepared to issue tickets to and from Cologne at a cost of £2 5s. return for parties of twenty, but the former scheme was preferred.

The place of the next meeting was considered and it was agreed to ask Miss Macintyre, of Wigan, who had expressed the hope that the

Matrons' Council would be able to arrange to hold a meeting there, whether she would be willing to arrange for it in April.

The business meeting then terminated, and tea was served. It was hoped after tea to have an address on the Nursing of Venereal Diseases from Mrs. Florence Willey, M.D., but, by some unfortunate misunderstanding as to the date, Dr. Willey was not present. She has therefore kindly supplied this journal, as the official organ of the Matrons' Council, with the following notes of the Address which she proposed to deliver on

### INSTRUCTION TO NURSES IN REGARD TO SOME ASPECTS OF VENEREAL DISEASE.

MADAM CHAIRMAN AND LADIES.—When your secretary invited me to address you to-day my consciousness of the difficulty of the subject was overbalanced by the knowledge of its deep importance, and by a very real appreciation of the honour it is to be given the opportunity of discussing it with women of such wide experience as yourselves.

The subject before us is "Instruction to nurses in regard to some aspects of Venereal Disease," and as such instruction is more or less a new departure in the education of nurses, I have thought it advisable to discuss it under three heads:—

- 1.—Is there need for any such instruction?
- 2.—The possible objections to it.
- 3.—What instruction should be given?

Let us consider, then—

- 1.—Why should such instruction be given?

A.—*The Infectious nature of such diseases* is the most obvious reason for giving nurses careful instruction about them, and this with two objects:—

- (a) To ensure the safety of the nurse herself, and
- (b) To prevent her from being the means of spreading infection.

In regard to all other infectious diseases the need is clearly recognised, and nurses are taught what secretions or excretion are infectious in different diseases and the special precaution which is necessary for them to take in each instance. How much more important is such knowledge in relation to diseases like Syphilis and Gonorrhoea, which do more harm to the community than all other infectious diseases put together.

B.—*To prevent much morbid anxiety* that arises from half knowledge.

I suppose most doctors have been consulted by nurses who fear that they have contracted "the disease" while nursing a patient, and who are entirely ignorant of how the venereal diseases may be conveyed, and what precautions will ensure safety.

Such anxiety is wholly bad for the nurse, and it is not fair to her that she should be subject to it.

C.—*Because nurses are the source of*, or are quoted as the authority for most of the *popular beliefs* regarding such subjects. The influence of the nurse's dictum with patients and their friends can hardly be over-estimated. To them her word often stands for the opinion of one to whom all medical knowledge is available, but who is free from the imaginary prejudices and reserves of the medical profession. This very confidence of the public makes it the more important that what knowledge nurses have of these diseases should be sound and useful, for nurses might be a most useful aid in general sound education in relation to sex.

A true knowledge, free from morbid imagination, will be one of the most important factors in stamping out these diseases, which are such a curse to society. Hitherto, through ignorance, the ordinary nurse has been far from helpful.

II.—*The possible objections* to any instruction being given.

(1) That "a little knowledge is a dangerous thing."

Such is the knowledge at present possessed by the nurse. She gets hints from the orders given by the doctor in certain cases; tales from ignorant sources are repeated, or very imperfect knowledge is acquired by those who try to read the subject for themselves in books intended for those who are already familiar with the elementary facts.

The knowledge given to nurses will necessarily be slight as regards much that is known of the diseases, but it should be as clear and complete as possible from the practical point of view.

Such knowledge is not a danger, but a safeguard.

(2) That it will make nurses fear that they have infected themselves when nursing patients.

On the contrary this fear arises from the sense that they do not know. Nurses do not often exhibit morbid anxiety lest they have taken typhoid, diphtheria, &c.

III.—What instruction should be given?

(1) That two distinct diseases are popularly classed together as venereal.

(2) That Syphilis and Gonorrhoea are two diseases, caused by entirely different organisms, which produce quite different groups of symptoms, and damage the body in different ways, and are only alike in the fact that they may be, and generally are, conveyed from one individual to another by sex relations.

(3) That these diseases are not a kind of penalty devised by nature to punish promiscuous vice, but are definite infectious diseases which can only be communicated by an individual already suffering from the disease. The fact that Syphilis was not introduced into this country till the end of the 15th century should in itself refute such an idea.

(4) That both diseases may be communicated by other ways of contact than sex relations.

The course of each disease should be sufficiently described to make clear the special risks of infection in each case: *e.g.*, the various stages in Syphilis and the special dangers of the secondary stage: how infection may take place through cups, pipes, kissing, &c., and how infection may take place in dressing sores, if any abrasions are present on the hands, round the nails, &c.

Again, the recurring infectiousness of Gonorrhoea, its latent periods, with possible fresh manifestations on the occasions of menstruation, marriage or pregnancy.

The risks of infant ophthalmia when the mother has suffered from Gonorrhoea.

The risks of infecting young children by the eye or the vulva if contaminated by secretion from an infected adult.

The risks of infection of the wife on marriage if the disease has been present in the husband and not completely cured before marriage.

(5) Definite practical instructions should be given in preventive treatment, in the precautions necessary in nursing such cases, and the instructions which should be given to patients not wholly under the nurse's charge, *e.g.*, on a district.

Such are:—

How to apply treatment for a gonorrhoeal discharge during pregnancy:

The scrupulous care needed in respect to towels, sponges, night clothes, beds and sleeping arrangements connected with patients suffering from either Gonorrhoea or Secondary Syphilis.

The need for separate douching apparatus, and the use of boiled rubber gloves by the nurse, both to protect her own hands, and to prevent the carrying of infection from one patient to another.

The routine disinfection of thermometers used for various patients.

The supreme importance of encouraging patients to continue under treatment till they are pronounced cured by the doctor.

(6) The young nurse ought also to be taught very clearly what to say to the patients who ask questions with regard to their complaint.

(7) The influence of Venereal Disease on Childbirth and Infant Mortality should in some degree be taught.

(8) Inherited Syphilis should be explained so that the nurse may recognise the signs in a young infant, and the necessity for medical advice and efficient treatment should be made clear.

The infectiousness of the secretions of such an infant, and the danger to a wet nurse must be also fully understood.

These are but brief suggestions of knowledge essential to the nurse if she is to avoid danger of infection herself, and the risk of conveying infection from one patient to another. They are only intended as suggestions, and not at all as a fully completed scheme of instructions.

## OUR PRIZE COMPETITION.

### WHAT CARE MUST BE TAKEN WHEN REMOVING THE CLOTHES OF A PATIENT BADLY BURNT?

We have pleasure in awarding the prize this week to Miss Anna M. Cameron, Bellagiò, Pembroke Road, Bournemouth West, for the following paper:—

#### PRIZE PAPER.

When removing the clothes of a badly burned person the nurse's first thought should be to guard against the collapse which generally threatens badly burnt cases by placing the person in a warm bed between blankets, by giving hot milk and brandy, and by placing hot bottles round, but not touching the patient.

If collapse is already present it may be necessary to give a rectal injection of strong black coffee  $\frac{5}{8}$ i and brandy  $\frac{3}{8}$ ss, provided the patient is beyond swallowing, but if he has not reached that stage it is good to give hot milk and brandy every ten minutes.

When it comes to the actual removal of the clothes three essentials should be borne in mind:—

The removal must be made as painlessly as is possible;

Movement of the injured parts must be careful, no part being moved without necessity; Air must be excluded from the injured parts.

When the burns are of the third degree, and consequently the nerve endings of the skin are exposed, but not destroyed, the patient may be in such pain as to necessitate an injection of morphia. If this is ordered the removal of the clothes will not be such a painful performance; but even under this condition all unnecessary movement should be avoided and the clothes should be cut off.

The necessary dressings should be just to hand so that the burnt skin or muscles are not for one moment exposed to the air. One nurse should cut and remove the clothing, while another, with due regard for the necessary asepsis, should apply the ordered dressings. Meanwhile the patient's condition should be carefully watched and collapse guarded against.

When the dressings are finished it is essential that the burnt parts are left in the position least likely to cause contraction.

When removing the clothes in emergency cases when one may be far from a doctor it is well to remember that temporary dressings need not be removed and that dressings soaked in a saturated solution of bicarbonate of soda can be placed *over* most dressings and often give relief.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss J. Tait, Miss A. Phipps (London), Miss Isobel Helm (Norham-on-Tweed), Miss E. M. Streeter (Leicester), Miss E. H. Gibert (Birmingham), Miss L. Brooks (Hull), Miss G. M. Nicol (Carlisle), Miss S. Simpson (Bridlington), Miss E. Macfarlane (Glasgow).

Miss Tait says that one reason for cutting the clothes of a burnt person up the seams is to avoid the risk of rubbing raw surfaces, and of tearing away loose pieces of skin. If scraps of clothing are adherent, soak with oil and leave until the undressing is finished, when they can more easily be removed, and Miss Phipps remarks that a second person is usually necessary in undressing the patient, who must not be allowed to exert himself in any way, to avoid adding to shock.

Miss Brooks writes:—"Exclude the air from the wounds by applying a dressing made of strips of clean, soft linen or gauze wet in a saturated solution of soda bicarbonate, or Carron oil. Soak also with oil the adherent material, and leave until the second dressing,



when it will be softened and easily removed; or, if possible, immerse the patient, or injured part, in a boracic bath at a temperature of 100 deg. Fahr., when the burnt clothes are floated off the surface and it is cleansed and collapse relieved.

Miss Isobel Helm points out that a burn on the chest or abdomen is always considered more serious than one of equal magnitude and greater depth on a limb, owing to the close proximity of the underlying vital organs.

Miss Simpson who believes in the immersion of a badly burnt child in a boric bath, advocates that in the case of an older person, where it would be too difficult to place the patient in a bath, he should be rolled in an oiled sheet and the clothes soaked off by the application of sterilised olive oil. The great thing to guard against is to keep the parts from being exposed more than is absolutely necessary, as there is great danger of septic poisoning.

Miss Streeter gives as a reason for cutting the clothing up the seams that it may be stitched up later on, thus showing due consideration for the patient's property. She advocates keeping the patient under warm blankets, with several hot bottles, only uncovering the particular part which is receiving attention, and says that if a large amount of dirt is present, or the clothes obstinately adhere, the part may have to be immersed in a warm boracic bath. She adds:—"Especially if the patient is a child, try to soothe it and prevent it from getting more frightened than it is already. A patient gently treated in the first place will usually be a more satisfactory case later on."

Miss Gibert writes that the patient must be carefully but quickly examined to ascertain the general condition, amount of collapse, extent of burns, &c., before attempting to undress him, and, if necessary, must be allowed perfect rest before beginning, though it is advisable to remove all clothing as speedily and carefully as possible.

The undressing will of necessity prove a most painful process, both to operator and patient, and on the doctor's orders a hypodermic injection of morphia, or tincture of opium is sometimes given to allay pain and prevent restlessness.

Much care will be required to ensure no burnt tissue is torn away with the clothes, and in some cases this may be impossible. The scorched surface should be powdered with boric acid, bicarbonate of soda, or even starch and flour, then wrapped in wadding to prevent the access of air—a most important point.

The burnt area should be rapidly covered with some prescribed dressing, as picric solution

or aluminium acetate—both of which only require changing every two days, a great advantage in what must always be an intensely painful process—and then covered with wool firmly but gently bandaged on. Throughout the operation of undressing a strict watch must be kept by the nurse on the pulse, colour and respiration.

#### QUESTION FOR NEXT WEEK.

What are the principal points to be borne in mind when isolating a patient in a private house?

#### AN ABSOLUTE MISTAKE.

At the Annual Meeting of the Leicester Infirmary Nurses' League Mr. Douglas J. Pennant, Hon. Secretary of Queen Victoria's Jubilee Institute for Nurses, delivered an address on "The National Insurance Bill and how it would affect Nurses," at which he is reported in the *Journal of the League* to have stated:—

A Nurses' Friendly Society, in connection with the State Registration of Nurses, has also been advocated, but people must remember that the object of this Society is to set up, in some form or other, a minimum standard of training, and to enforce discipline. Now an approved Society is a voluntary body, consisting of those who desire to link themselves together for the purpose of insuring themselves and taking the benefits conjointly in this Bill. Such a Society undertakes to give certain benefits for certain payments, and there is the risk that the Society may not be able to meet its claims, and it would, therefore, be inadvisable that such a Society as that for the State Registration of Nurses should be mixed up with an approved Society, which, after all, would have nothing to do with the standard of nursing. All who have studied the Bill, in relation to approved Societies, have been impressed with the great importance of such a Society being shaped on practical lines, as it must play a very important part in the lives of Nurses.

Mr. Pennant has been misinformed, for there is absolutely no foundation whatever for this statement. The Society for the State Registration of Trained Nurses was founded in 1902 "To obtain an Act of Parliament providing for the legal registration of trained nurses." This is the sole object for which it has worked and will continue to work.

The Society has never had the National Insurance Act under consideration, nor has it ever been suggested that it should form an Approved Friendly Society for Nurses.

The Nurses' Protection Committee has acted throughout in the interests of trained nurses in connection with the National Insurance Act.

## THE COLOGNE CONGRESS.

Sister Agnes Karll hopes that the English National Council of Nurses will give all the help and support possible to make the Triennial Meeting of the International Council of Nurses as great a success as possible. Your President has assured her that she may depend upon the utmost enthusiasm in complying with her request.

Two functions are settled. (1) That the Congress is to be entertained at a Municipal Banquet on the Opening Day, and (2) That the Congress will close with a presentation of the Nursing Pageant in the magnificent Gürzenich—which lends itself splendidly for the purpose.

The people of Cologne are great at pageantry, so that the speaking parts will be easily allotted, but Sister Karll is anxious that as many of the characters, as possible should be arranged for soon, and I feel sure that those members of our National Council who have dresses—and who are prepared to take them to Germany—will volunteer to take part in the Pageant.

The Appeal for Registration will be re-written by Miss Mollett and translated by Sister Karll, to meet the special needs of German Nurses. Registration is in force in Germany, but does not require the high standard that German nurses wish to attain and to be enforced.

The presentation of our Pageant will be a great historic event at Cologne, and I hope many of our members will take part in it. I shall be pleased to hear from all those wishing to do so—at the earliest date possible.

Sister Karll wants the affiliated Leagues to take their Banners. This no doubt many will do, and those who have not yet adopted a Banner will find the time ripe to do so. Our Council will lend the Florence Nightingale, the Isla Stewart, the Catherine Loch, the Agnes Jones Banners, and I think we ought to add the Dorothy Patterson (Sister Dora). I am most anxious that the National Council of Great Britain and Ireland should show the very best of good feeling towards its German colleagues and do all in its power to help them in every way. May I urge our members to consider methods by which this helpful spirit can be best practically applied, and to come to the National Council Meeting on February 15th full of suggestions to accomplish this end. We are going to be received in the most hospitable spirit, and we must attend the Congress in the most friendly way.

ETHEL G. FENWICK,  
President, N.C.N.

## THE TRAINED WOMEN NURSES' FRIENDLY SOCIETY.

### THE REPORT OF THE NURSES' PROTECTION COMMITTEE.

An Open Meeting for Nurses was held at Morley Hall, George Street, London, W., on the evening of Thursday, January 18th, to receive a Report from the Nurses' Protection Committee, to hear an Address from Miss Mollett on the National Insurance Act as it affects Nurses, and to discuss the advisability of forming an Approved Trained Nurses' Friendly Society.

Mrs. Bedford Fenwick presided as chairman of the Nurses' Protection Committee, and said many letters had been received from those interested and unable to attend. They regretted the absence, through illness, of Miss Amy Hughes, who was to have spoken. Miss Eden wrote that at a meeting of the Nurses' Social Union held at Taunton on the 16th inst., the following resolution was passed:—"In the opinion of this meeting the formation of an Approved Friendly Society for Female Sick Nurses is desirable." Miss E. A. Stevenson, of the Scottish Trained Nurses' Association, wrote: "I sincerely trust that the result of the meeting will be the formation of an Approved Society of Trained Nurses. If nurses assert the right to govern the contents of their own pockets I feel sure they will teach a valuable lesson which is required in various directions."

Mrs. Fenwick then reported that a very influential committee of twenty-two persons had carefully watched the interests of trained nurses during the course of the National Insurance Act through Parliament. The committee had petitioned the Chancellor of the Exchequer to receive a deputation to lay the case of trained nurses before him, but this had not been granted. A memorandum had then been sent to him pointing out the disabilities of nurses under the Bill. In a second communication to the Chancellor the committee pointed out that in the Bill purporting to deal with National Health and Invalidity, "trained" nursing was not mentioned—that while Approved Societies had power to give grants to hospitals and nursing institutions, there was no guarantee of the quality of the nursing provided, and that in its opinion insured persons have as much right to a State guarantee concerning the qualifications of nurses, for whose services they are compelled to subscribe, as they have to the guarantees afforded them, through the respective State registers, of the qualifications prescribed for their medical attendants and midwives.



In a third communication to the Chancellor the committee asked that the word "trained" might be inserted in the Bill before the word "nurse," and that a fully trained nurse might be placed upon the Central Advisory Committee. These views were also placed before the Prime Minister, and many influential politicians; and the chairman of the Nurses' Protection Committee (Mrs. Fenwick) spent much time in the House of Commons urging these reforms upon members of Parliament.

An endeavour was made by the Right Hon. R. C. Munro Ferguson, M.P., who interested himself in the nursing question in the kindest manner, to have amendments considered dealing with these points, but this was prevented by the wholesale use of the closure, by which none but Government amendments were considered.

After the passing of the Act copies of the petitions were sent to Sir Robert Morant, the Chairman of the Commission, to which has been given very wide powers in interpreting its provisions.

The fact remained, however, that under the Act as passed "trained" nursing was unrecognised, and that it was not included as part of the medical benefits, though no greater benefit for the welfare of the insured, both from the preventive and curative points of view, could have been adopted to raise the standard of the national health.

The Commissioners have power to include a trained nurse on the Advisory Committee, and such expert advice is necessary, because, while the local insurance committees will be restricted in the employment of medical practitioners and midwives to those possessing legal qualifications, there is no such restriction possible, whilst trained nurses have no legal status (State Registration), and therefore committees of lay persons will be unable to define a standard of nursing if they have no guidance from the Insurance Commissioners, and no expert advice locally to assist them.

Mrs. Fenwick said £10 had been subscribed, which had so far covered the cost of the great amount of publicity given to this important question by the work of the officers of the Nurses' Protection Committee, but the fact remained that trained nurses, deprived as they are of the rightful protection of statutory registration, had little power to protect either the standard of their indispensable work, or their own economic condition in connection with legislation.

The Nurses' Protection Committee had the one satisfaction of knowing that this very urgent matter of nursing under the National

Insurance Act had not been permitted to go by default, as it otherwise would have done, as nursing interests had been entirely ignored by those assuming to deal with women's interests as a whole under the Act.

The only result of the National Insurance Act as far as trained nurses were concerned, was; that they were compelled to pay, whether they wanted to do so or not, and they were present to listen to suggestions from Miss Mollett as to obtaining the best possible return for their contributions.

Mrs. Fenwick then invited Miss Mollett to present her address.

#### MISS MOLLETT'S ADDRESS.

We are not here to-night to discuss the wisdom or the folly of the already much-discussed Insurance Act—whether universal compulsory insurance is one step in the direction of the millenium, or a great many steps in the direction of national bankruptcy. Those of you who, like myself, subscribe to an ultra-Radical and ultra-Conservative newspaper, have already been told, with that fervent unanimity which marks the grand and logical male mind, that it is both. It is left to our individual common-sense to accept either statement, or steer a middle course.

There is one point, however, I should like to emphasize: It is unfair to regard the Insurance Act solely as a freak suddenly sprung upon the country. Whatever its faults, it is only a logical outcome of much legislation that has been going on for the last fifty years. I repeat what I said once before. It has become the accepted maxim of modern Government to tax the wealth of a nation heavily, to provide the benefits of civilization for those who are unable or unwilling to provide them for themselves; also that Government has the right to force people for their own good to accept such benefits, whether they do or do not desire them. This is, however, the first time for many years that a portion of the taxation has been directly placed on the working classes. That part of the Act is a novel experiment.

Whether it will be found a workable measure I cannot say—much depends upon the spirit in which it is accepted—much depends upon the medical profession. So far they have not received it with open arms, or unstinted praise. But, whatever its merits or demerits, the Act has passed both Houses of Parliament, and must be accepted and prepared for as the law of the land. I need only touch upon the general scope of the Act—as I am sure the majority of you are acquainted with those clauses that affect our profession.

Briefly, the Insurance Act orders the compulsory insurance of all adult *employed* persons over sixteen years of age, whose incomes are below £160—and of all manual labourers, men, women and children, whatever their incomes may be.



The contributions for this insurance are to be levied from three sources—firstly, the employed person is him or herself to contribute; secondly, the employer—individual or committee; and thirdly, the State—in other words, the taxpayers. These three contribute towards the insurance fund. This insurance fund is to be dealt with almost exclusively by self-governing societies, formed by the employed persons themselves, under the Insurance Commissioners, who act for and are appointed by the Government—and the Insurance Committees, which are to be constituted for every county and county borough. Of the members of the Insurance Committees, the larger number will represent the members of approved societies, a percentage will be elected by the County Councils, and others by the Insurance Commission. The medical profession has also representation on these bodies, which deal largely with medical and health questions—and four members of each Insurance Committee must be women (of course, there *may* be more), but I regret to say that these Committees, which will have so much to do with nursing questions, are not bound to have a trained nurse amongst their members—though, of course, one of the women representatives may be a trained nurse. But the financial side of the management—the payment of benefits and so forth, remains in the hands of the self-governing societies.

What are these benefits? Let me say at once that with those contained in the second part of the Act—those for unemployment—we have, at present, nothing to do—they are intended for certain specified trades and callings, such as building and shipbuilding, and so forth, and do not in any way affect nurses. It is with the first part of the Act—that called “National Health Insurance,” that we have to do.

#### BENEFITS.

The Benefits conferred by this part of the Act upon insured persons are:—

*The Medical Benefit.*—Medical treatment and attendance, including the provision of proper and sufficient medicines, and such medical and surgical appliances as may be prescribed by regulations to be made by the Insurance Commissioners.

*Sanatorium Benefits.*—Treatment in sanatoria or other institutions or otherwise when suffering from tuberculosis, or such other diseases as the Local Government Board with the approval of the Treasury may appoint.

*Sickness Benefit.*—Periodical payment whilst rendered incapable of work by some specific disease or by bodily or mental disablement, of which notice has been given, commencing from the fourth day after being so rendered incapable of work, and continuing for a period not exceeding twenty-six weeks.

*Disablement Benefit.*—In the case of the disease or disablement continuing after the determination of sickness benefit periodical payments so long as so rendered incapable of work by the disease or disablement.

*Maternity Benefit.*—Payment in the case of the confinement of the wife, or where the child is a posthumous child, of the widow of an insured person, of a sum of thirty shillings.

*Additional Benefits.*—In the case of persons entitled under this part of this Act to any of the further benefits . . . such of these benefits as they may be entitled to.

#### ADDITIONAL BENEFITS.

1.—Medical treatment and attendance for any persons dependent upon the labour of a member.

2.—The payment of the whole or any part of the cost of dental treatment.

3.—An increase of sickness benefit or disablement benefit in the case either of all members of the society, or of such of them as have any children, or any specified number of children, wholly or in part dependent upon them.

4.—Payment of sickness benefit from the first, second or third day after the commencement of the disease or disablement.

5.—The payment of a disablement allowance to members though not totally incapable of work.

6.—An increase of maternity benefits.

7.—Allowance to a member during convalescence from some disease, or disablement in respect of which sickness benefit or disablement benefit has been payable.

8.—The building or leasing of premises suitable for convalescent homes, and the maintenance of such homes.

9.—The payment of pensions or superannuation allowances, whether by way of addition to old age pensions under the Old Age Pension Act, 1908, or otherwise.

10.—The payment, subject to the prescribed conditions, of contributions to superannuation funds in which the members are interested.

11.—Payments to members who are in want or distress, including the omission of arrears whenever such arrears may have become due.

12.—Payments for the personal use of a member who by reason of being an inmate of a hospital or other institution is not in receipt of sickness benefit or disablement benefit.

To administer these benefits, to group the employed for the purpose of dealing with the Insurance Act, Government, as I said before, is availing itself of the aid of the self-governing societies—and it is relying very largely on the great Friendly Societies—with whose names at all events we are all familiar—such as the Manchester Oddfellows, the Foresters, the Church Benefit, and so forth; and these Societies are admirably adapted for dealing with most of the people to be insured. But not all. There are certain insured callings whose particular needs require particular benefits, and who would be penalised by joining ordinary friendly societies, more especially those who differentiate adversely in the case of women.

No class of worker requires more special treatment than nurses—none have, candidly, less to

gain under the ordinary regulations of an ordinary Friendly Society, under this Act.

The first and most emphasised benefit under the Act is medical attendance—it will also be—unless the medical profession is grossly underpaid—the most expensive. Yet the vast majority of nurses view that benefit either with apathy or dismay. Until now—so great has been the courteous sympathy of the medical for the nursing profession, that I do not hesitate to say 90 per cent. of nurses have received the best and most skilled medical and surgical attention entirely free. Not only to those in hospital and office—but to nurses in private and district work, has this enormous benefit been ungrudgingly extended. What will be the attitude of the medical profession under these altered conditions? I cannot say—the medical profession has had no opportunity of making an authoritative statement on the subject—one can only form one's private opinion on its conduct in the past, and that is, that if a self-governing nurses' approved society is formed, our medical advisers will not be the heaviest drain on our resources.

The second, third and fourth benefit clauses offer free treatment in Sanatoria, and sickness and disablement allowances—all those benefits will be of use to nurses—though the amount offered in sickness is small, unless it were possible to supplement it from the additional benefits. For the fifth benefit, the maternity benefit, nurses would have little use, and, perhaps, I may say here that I think one reason why a nurses' approved society would have a healthier actuarial record than an ordinary women's society, is that nurses—being single women—are free from the dangers and mischances connected with childbirth—also, of course, the expenses of the maternity benefit.

Many well-known Friendly Societies will not insure women—or only insure them on disadvantageous terms; women will, therefore, be restricted in their choice of a society with which to insure. This will press unjustly on nurses, who are picked lives—physical fitness being a condition of training.

Personally, I consider nurses an extraordinarily healthy body of women—certainly the percentage of ill-health is lower amongst my friends in the nursing world than amongst those in private life.

I have already read to you the additional benefits and it is obvious that it will be of immense importance to nurses in the future to devote any surplus they may have in hand to providing such additional benefits for their members as they themselves will know to be most valuable and most important. Many of the benefits enumerated as you can judge for yourselves, are most valuable for men who are fathers of families, and have others dependent upon them, but are unsuited to the needs of our profession. The great friendly societies cater very naturally for their founders and patrons—the thrifty, married working-men—not for the working woman—and certainly not for the nurse.

The difficulties of forming a Nurses' approved society are, I am convinced, largely exaggerated. If nurses will only have the pluck, the good sense and the foresight to combine for the perfectly legitimate object of safeguarding the interests of their profession, I feel certain they will be successful beyond their expectations. Surely, if we have to insure, and do not ourselves obtain any benefit from the Insurance—are fortunate enough, as I should have been during my thirty years' nursing career, never to require any sickness allowance—we should like to feel that the money we had contributed went to help "one of our own." I know I should.

And, frankly and honestly, I think the fact that we should ourselves be managing our own affairs should unite many of us to form our own Society. I do not think we should manage them badly. I am a strong believer in the business instincts of my sex and my profession—they are economical in management expenses and, above all, we know what we want. Nothing is more morally strengthening than a sense of combined responsibility with regard to your own affairs—the corporate sense of honour—where one stands for all, and all for one. And the bond of a common need and a common monetary claim is very strong—for we are human. If we succeed, we share our success; if we fail, we halve our losses. "Getheilte Freude ist doppelte Freude; Getheilte Schmerz ist halber Schmerz." If we join the women's section of a Friendly Society, what do we, in the majority of cases, become? Stepchildren of the Society—viewed with mistrust, as a possible source of loss to the parent society—sharing in expenses, in which we have no part or lot—paying for benefits that do not concern our profession. It needs only a strong combined effort on our part to found a Society, that will embrace all nurses, past, present, and to come—to manage the interests of our profession, concerned under the Insurance Bill—in our own way, from our own funds, for our own benefit. We can be generous where generosity is needed; we can be cautious and economical where extravagance would be out of place. It is the old, old story of the bundle of faggots. Here, perhaps, I may mention one point—that is, perhaps, not unknown to any of you—but which it is as well to bring to your mind. It is illegal for any employer, either individual or a committee, to decide for their staff what particular society they shall insure in. They may not make insurance in any special society a condition of employment. Although insurance is compulsory, it remains entirely optional for the insured employed person, whether probationer, hospital official, district or private nurse, to insure in such society as she may choose—or, if she prefer, to become a deposit contributor. Coercion of any kind is not permitted. Naturally, good advice may be given, but it must not in any way overstep the limit of advice—and may not contain even a veiled threat. The person to insure is a perfectly free agent.

We come now to the method by which an



approved Society can be formed, defined in Clauses 23, 26 and 39 of the Act.

The question before the meeting is—whether the meeting thinks there is a reasonable chance of a sufficient number of nurses joining to form an approved society for nurses under the Act—to make such a society a success. If this meeting thinks it good to form an approved society, I should suggest that it might appoint the Nurses' Protection Committee to draw up a definite scheme, I should propose on the following lines—to lay before the Insurance Commissioners:—

1.—That the Society be called "The Trained Nurses' Friendly Society."

2.—That it be formed of nurses, either trained or being trained, in hospitals, infirmaries, or allied institutions.

3.—That no attempt be made on the part of the Society to contract with the medical profession for professional attendance, but that members be at liberty to make their own arrangements for treatment during illness, receiving a money grant, or increased sickness benefit from the Society for that purpose.

4.—That as soon as the number of members reach 1,000 or so, a ballot shall be taken to elect the governing body, and until such time the Nurses' Protection Committee shall act for the "Nurses' Friendly Society"; and that the prospective members make every effort to raise a sufficient sum of money for the initial expenses of such a society.

#### DISCUSSION.

At the conclusion of Miss Mollett's paper, as soon as the meeting was thrown open, questions flew thick and fast, and it was evident that all present were keenly interested in the Act, and in the manner in which it would affect them.

The Chairman pointed out that it was for the nursing profession to decide whether they would manage their own affairs, or would have them managed for them. The best thing about the Act was that it permitted insured persons to manage their own Societies and she was strongly in favour of the formation of a Nurses' Friendly Society. At the conclusion of the discussion the Chairman said that to bring matters to a practical issue she would take the opinion of the meeting on the points Miss Mollett had raised. She then asked—

1. Whether the meeting was in favour of the formation of a Trained Women Nurses' Friendly Society?

The voting was unanimously in the affirmative.

2. Whether the meeting was in favour of inviting the Trained Nurses' Protection Committee to draw up a scheme for the formation of such a society?

The meeting voted in favour with one dissentient.

It was agreed that the request should be conveyed to the Committee.

If such society is formed a generous donor has offered £20 toward the initial expenses.

A Meeting of the Trained Nurses' Protection Committee has been summoned for January 31st.

## THE QUEEN-EMPRESS AND THE MINTO NURSING ASSOCIATION.

We have received the following official information:—Her Imperial Majesty has been pleased to accept a copy of the Annual Report (1911) of Lady Minto's Indian Nursing Association. The presentation was made at Government House on Tuesday afternoon, January 2nd, by Her Excellency the Lady Hardinge of Penshurst, the Lady President, attended by Mrs. Edwin Davies, the Chief Lady Superintendent. The copy was printed on special paper and very handsomely bound in a creamy white morocco. The outer cover, at each corner, had a lotus blossom in blocked gold, besides other decorative work, and in the centre a monogram, a double "M" interlaced, one letter in Star of India blue and the other in the tint associated with the Order of the Indian Empire—both in enamel—and above the monogram a Tudor Crown, all in solid gold. The volume rested in a case of royal blue morocco, lined with white satin, with the Crown and Royal Arms on the lid, altogether a most artistic production.

The Report includes a portrait of Lady Hardinge, prepared by the Survey Department, also a facsimile letter recently addressed by Her Excellency to the Lady Presidents and Honorary Secretaries of the local branches appealing for more subscribers, besides several other features of special interest.

The Queen-Empress has always taken a personal interest in the Minto Nursing Association, and the present instance of this will, it may be hoped, stimulate that of the public for whose benefit the Association has been brought into existence.

## THE LEAGUE OF SCHOOL NURSES.

### LECTURE ON "NUTRITION."

On Wednesday, January 17th, at the Day Training College, Dr. Menzies gave a lecture to the school nurses on "Nutrition." There was a large attendance. Dr. Menzies made special reference to the feeding of school children. The opinion of four important authorities, as to the number of children requiring to be fed by the State, was interesting, their estimate varying from 2 per cent. to 33 per cent. The distinction between the underfed and improperly fed was a much discussed question, and probably accounted largely for the difference of opinion. Home conditions throw a good deal of light on



the subject. Dr. Menzies then explained how a decision could be arrived at by a medical expert. No real help could be gained at present by height and weight. The blood test was helpful, but unreliable. One had to go for general appearance. The skin was loose and lacked smoothness, owing to the loss of subcutaneous fat. The presence of unhealthy eruptions was another symptom. Slight inflammation of eyelids, roughness of the hair, facial expression and lack of animal spirits to be noted. Ignorance of the right kind of food and how to prepare it was largely the cause of malnutrition, but there were many others. Want of assimilation, due to bad teeth; hurried meals, excess of liquid taken with meals; the consumption of strong tea or coffee and alcohol. Organic disease. Deficiency of fresh air, or insufficiency, owing to adenoids or rickets; tight clothing, bad posture. Extreme anæmia. Defective oxidation, late hours, congenital disorders, excessive breaking down of tissue, overwork, want of sleep, deliberate starvation. Dr. Menzies mentioned a case of the latter, where a fat schoolboy, through being teased, bought two bottles of Antipon, and refused food to the extent that he lost two stone in weight. In dealing with malnutrition, due to improper feeding, one had to remember how difficult it was to get fresh milk, eggs, vegetables, meat and fish in the poorer parts, especially in the summer; also to remember the cost. A certain amount of instruction on cooking and feeding was given in the schools, but Dr. Menzies did not consider it sufficient. He spoke of the overworked mother, often the bread-winner, and out all day, which, of course, resulted in irregular and badly prepared meals. Dr. Menzies gave details of an ideal dietary. He mentioned the strides made since public health questions had aroused interest, *e.g.*, the passing of the Midwives Act of 1902, followed by the Notification of Births Act of 1907, the Children's Act of 1908. Later, the Acts dealing with the employment of children and provision of meals. Dr. Menzies received hearty applause at the close of the lecture.

### EUGENICS.

We are glad to know that the lectures on "Eugenics," given by the Rev. Mrs. Macroy Irwin, at 45, Brook Street, W., have been well attended, and pronounced to be highly instructive. On the 30th and 31st inst., the subjects will be "The Bar of Isis and Inviolable Motherhood"; and "The Mystery of the Circle and the Cross (Interpretation of Sex and Marriage)."

## APPOINTMENTS.

### MATRON.

**Victoria Hospital and Private Nurses' Institution, Deal.**—Miss Mabel Vivian has been appointed Matron. She was trained at Guy's Hospital, and had experience in infectious nursing at the Western Hospital, Fulham, M.A.B., and has held the position of Sister at St. Mary's Infirmary, Islington. For the last five years she has worked on the staff of the Registered Nurses' Society. She holds the massage certificate of the I.S.T.M.

**Anglo-American Hospital, Cairo.**—Miss Carter has been appointed Matron. She at present holds the position of Assistant Matron at Westminster Hospital.

### NURSE MATRON.

**Victoria Cottage Hospital, Wimborne.**—Miss Ida M. King has been appointed Nurse-Matron. She was trained at the London Hospital, and has been Ward Sister and Assistant Matron at the Borough Hospital, East Ham, and Night Superintendent at the General Infirmary, Salisbury.

### HOME SISTER.

**City Hospital for Infectious Diseases, Newcastle-on-Tyne.**—Miss Aileen G. E. Stallwood has been appointed Home Sister. She was trained at the Royal Infirmary, Hull, and has been Sister at the Chesterfield and North Derbyshire General Hospital, Holiday Sister at the Royal Waterloo Hospital, S.W., and the Royal Albert Edward Infirmary, Wigan, and Night Superintendent at the Swansea General and Eye Hospital. She has also had experience in infectious nursing.

### SISTER.

**Charing Cross Hospital, Strand, W.C.**—Miss Margery Willis has been appointed Sister in the Electrical and X-Ray Departments. She was trained at the Bolton Infirmary, Bolton, and from May to August, 1910, held the position of Holiday Staff Nurse at Charing Cross Hospital. She was also Sister to the Electrical Department at Bolton from September, 1910 to August, 1911, and Night Sister from September 1911 to the present time.

**General Hospital, Birmingham.**—Miss C. Bailey has been appointed Sister. She was trained at the same institution and has since been sister at the Victoria Cottage Hospital, Guernsey.

### MASSAGE SISTER.

**Guest Hospital, Dudley.**—Miss C. L. Martin has been appointed Massage Sister. She was trained at the Kensington Infirmary and has since worked at St. Peter's Hospital, Henrietta Street, Covent Garden, W.C., and the National Hospital, Queen Square, Bloomsbury, and has been Masseuse, and Assistant in the X-Ray Department at the Swansea General and Eye Hospital.

### NIGHT SISTER.

**Royal Isle of Wight Hospital, Ryde.**—Miss Ethel Cliften has been appointed Night Sister. She was trained at the General Hospital, Tunbridge Wells, and has done Sister's holiday duty there.

**CHARGE NURSE.**

**Central London Sick Asylum, Cleveland Street, W.**—Miss Jessie Deacon has been appointed Charge Nurse. She was trained at the Infirmary, Kingston-on-Thames. She is a certified midwife.

**HEALTH VISITOR.**

**Borough of Wolverhampton.**—Miss F. Winwood has been appointed Health Visitor. She was trained at New Cross Infirmary, Wolverhampton, District Training School for Midwives, Wolverhampton, and has been Sister-in-Charge of female medical and surgical wards at New Cross Infirmary, and also of the maternity wards in the same institution.

**NIGHT SUPERINTENDENT AND MASSEUSE.**

**The Infirmary, Isleworth.**—Miss A. Baron has been appointed Night Superintendent and Masseuse. She was trained at the Infirmary, Isleworth, W., and has been Sister there. Has also had experience in private nursing, and holds the C.M.B. certificate, and a certificate for massage.

**SCHOOL NURSE.**

**City of York Education Committee.**—Miss Margaret Grant has been appointed School Nurse. She was trained at the Royal Infirmary, Manchester, and has been a district nurse at York.

**QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.**

The undermentioned Staff Nurses resign their appointments: Miss Mary E. Brewer (January 8th), Miss Elizabeth E. Hopcraft (January 9th).

The following ladies have received provisional appointments as Staff Nurse:—Miss C. Sandbach, Miss M. Wood.

*Transfers to Stations abroad:*—Miss M. C. Tawney to Gibraltar, Miss I. M. Johnston and Miss K. F. Fawcett to Egypt.

**QUEEN VICTORIA'S JUBILEE INSTITUTE.**

*Transfers and Appointments.*—Miss Martha Carter, to Exeter; Miss Charlotte Clark, to Maltby; Miss Daisy Edgley, to Cumberland, as Health Lecturer; Miss Annie Houghton, to Cumberland, as Second Assistant Superintendent and School Nurse; Miss Bessie King, to High Wycombe; Miss Elizabeth McCormick, to Newhaven; Miss Jean C. Murray, to Bryanston; Miss Hylda Newman, to Stanwell.

**LONDON COUNTY COUNCIL.**

The appointment of Miss M. Beckley, and Miss M. J. A. McIlwrath as school nurses in the public health department has been recommended by the establishment committee subject to their passing the usual medical examination.

**WEDDING BELLS.**

Miss H. M. Macgillivray has resigned from the staff of the Registered Nurses' Society, 431, Oxford Street, W., on which she has worked for the last four years, on account of her approaching marriage. The many friends whom Miss Macgillivray has made while working in connection with the above Society, as well as those at the Royal Infirmary, Edinburgh, where she received her training, will combine to wish her happiness.

**NURSING ECHOES.**

Sairey Gamp's "At Home" at the Doré Galleries on the 7th February is evidently going to be a great success. Nurses who wish to be present should apply to Miss Cutler, at St. Bartholomew's Hospital, E.C., who has the function in hand. We hear of many comic characters who intend to pay their respects to "Sairey," and who propose to add to the general amusement.

The Annual Dramatic Entertainment, held in the Great Hall at St. Bartholomew's Hospital, on the 16th and 17th inst., was pronounced to be the best given for many years. All the characters were taken by the resident medical staff, the ladies included—and no expense had been spared on their costumes, which were most becoming. The play, "New Men and Old Acres," is for ever popular, and Mr. A. W. Stott made a very stately Lady Matilda Vavasour; and Mr. T. S. Lukis—as her daughter Lilian—was most piquant and charming. In an interval, tea and coffee were served in the Library and Abernethian Room, and sweet music was made by the Arcadian Band. The guests present on both evenings thoroughly enjoyed the entertainment.

"In consequence of requests for a new uniform cycling hat," says the *Queen's Nurses' Magazine*, "the Committee of the Queen Victoria's Jubilee Institute has approved one of stitched navy blue serge, which is supplied in two sizes by Messrs. Debenham and Freebody, at the price of 3s. 11d. The hat can be worn either with or without a bandeau, to suit the comfort of individual wearers. An expanding bandeau is supplied by the same firm for 9d. extra. For the future, this is the only hat which will be recognised uniform, together with the blue straw summer hat.

"We are very glad to call the attention of Queen's Nurses who cycle to this new and most useful headgear. The difficulty of adapting conventional uniform to the practical, everyday uses of the district nurse has been bravely tackled by the Institute, and Queen's Nurses have every reason to congratulate themselves on the progressive and eminently sensible view taken on uniform questions by their Central authority. The new hat (which is really a cap) will be a comfort and joy to the country nurse. No trouble has been spared to design a shape that is at once comfortable and becoming, and the result is excellent."



Miss Annie Damer sailed for the United States on Saturday. During her six months' visit to England she has been around in the Nursing World and endeared herself to many friends. We are all sorry to say good-bye to her.

We are glad to hear that the Wolverhampton Board of Guardians expressed due appreciation of the act of a member of the nursing staff at the Workhouse Infirmary, in allowing a portion of the skin of her arm to be transferred to a patient. The Clerk said that there was no nursing staff which displayed greater kindness and carefulness than the staff of their infirmary.

The Boarding-Out Committee reported that Miss Todd, the Local Government Inspector, had laid before the committee the result of her inspection of the homes of the children boarded out. Mr. S. R. Rhodes, in moving the adoption of the report, stated that Miss Todd's report confirmed all that had been said about the homes by Miss Carter. It was evident that Miss Todd had gone into the cases very carefully and she had made certain valuable suggestions which would be adopted in due course.

The five probationer nurses who struck work at the Fusehill Workhouse, Carlisle, and who were reinstated pending an inquiry, have resigned from January 1st, but pending the Local Government Board inquiry, being held this week, the Board deferred considering the resignations. We are glad to note that Mr. Lowry, the local inspector, has had the sense to request that he may be relieved of the duty of holding the inquiry. Mr. Ellis, of Newcastle, is to act instead.

As this friction has arisen in the nursing department, no report can be accepted as satisfactory unless a nurse inspector is associated with Mr. Ellis, and the probationers whose conduct has been impugned have a very good cause for profound dissatisfaction that no expert is to inquire into the matter and help to arrive at a just professional conclusion.

The Mansfield Board of Guardians are apparently a very facetious body, to judge from their irresponsible discussion of nursing affairs at a recent meeting.

A question which concerned the clothing and general well-being of the probationer nurses cropped up on a report of the Infirmary Committee, Mr. Mein complaining that the Mansfield Board were being left behind in their chances of selecting nurses of right stamp. His

contention was that they were being out-bid by other institutions and workhouses who employed nurses. At Mansfield they paid a probationer nurse £5 a year, and he believed that the reduction for superannuation took 16s. out of that, and unless a girl had someone to subsidise her she could scarcely buy shoes with the difference. He suggested that they should not confine the salaries of probationers to £5 a year.

Mr. Bonser mentioned that a probationer's salary carried with it indoor and outdoor uniform, and £5 was only needed to buy boots.

Mr. Todd: A girl needs something besides boots, surely: (Laughter.)

The Rev. E. H. Mullins wished to know if the outfits of the probationers included stockings, because if they did it seemed necessary that they should also provide boots to protect the stockings in the ratepayers' interests. To dress a girl in hat, cloak, and other things, and then not have her well shod, was a great mistake. He should like to move that the probationer nurses in the future be booted and (as an afterthought) spurred. (Laughter.)

Mr. Todd: Booted outside? (Renewed laughter.)

Mr. Bonser: We can make them more bootiful than ever. (Loud laughter.)

The scarcity of the best nursing material for training at Mansfield may, we consider, be credited to other reasons than the inadequate shoe salary of £5.

Speaking of the Delhi Durbar the *Nursing Journal of India* states: "Those of us who were privileged to see the spectacle agree that we had never seen anything like it, for order and magnificence. It was splendid and impressive to a degree, but withal there was a marked simplicity in the ceremonial. H.I.M. the King-Emperor's voice was clear and carried well and his speech and proclamation received enthusiastic cheers. H.I.M. the Queen-Empress looked sweeter than any portrait we have seen of her, and we heartily agree with her in respect of a loan exhibit representing their Imperial Majesties, on inspecting which the Queen-Empress, after close scrutiny, turned to her suite and observed pathetically, 'Surely I don't look like that!'"

Queen Alexandra has greatly gratified the committee and nursing staff of the Sheffield Queen Victoria District Nursing Association, by the gift of a beautiful autograph portrait of herself. It has been hung in the council room at the Nurses' Home, Glossop Road.



## THE IRISH NURSES' ASSOCIATION.

### LECTURES IN 1912.

The following course of lectures has been arranged by the Irish Nurses' Association, to be held at the Office, 34, St. Stephen's Green, Dublin, at 7.30 p.m.

Date.	Lecturer.	Subject.
Feb. 6th	.. Dr. J. M. Day	"Symptoms and Signs."
Feb. 20th	.. Miss Brown, B.A.	"Labour Exchanges."
Mar. 4th	.. Dr. Parsons	"Some Diseases of the Respiratory Tract."
Mar. 20th	.. Dr. Ella Webb	"Massage as Applied to Children."
April 15th	.. Dr. Hastings Tweedy	"Babies."

## TERRITORIAL NURSES.

The Lady Mayoress presided at the Mansion House on Monday, at a meeting of the Territorial Force Nursing Service for the City and County of London, called for the purpose of considering whether any advantages could be secured for the Territorial nurses under the Insurance Act. There were present: Lady Dimsdale (Vice-Chairman), Lady Truscott, Lady Beachcroft, Mrs. Bedford Fenwick, Miss Sidney Browne, Mrs. George Byron, Miss Cox-Davies, Miss Finch, Colonel Campbell Hyslop, Colonel Thorne, and Colonel Harrison, with Miss Goodhue (hon. secretary).

Colonel Campbell Hyslop and Mrs. Bedford Fenwick explained the provisions of the Insurance Act, and the matter was subsequently referred to a small sub-committee for inquiry and report.

## REFLECTIONS

### FROM A BOARD ROOM MIRROR.

It is good news for teachers that at last the Order in Council for the setting up of the Teachers' Registration Council will be made at an early date. Trained nurses have suffered from hope deferred for a quarter of a century, and teachers have also had good cause for heart sickness in their demand for the recognition of educational standards and legal status.

Sir T. Vezey Strong, P.C., K.V.O., will preside at a meeting of the Nurses' Total Abstinence League to be held at the Mount Vernon Hospital, Northwood, on March 6th, when Mr. McAdam Eccles, F.R.C.S., M.S., will speak on "Alcohol and the Patient."

The International Sanitary Conference which has been sitting in Paris under the presidency of M. Camille Barrère has signed a convention making regulations for the prevention of pestilential diseases, especially plague, cholera, and yellow fever.

## OUTSIDE THE GATES.

### WOMEN.

The offer of the Maharaja of Bikaner to present a statue of Queen Mary to Delhi has been accepted.

Mrs. May Wright Sewall—Founder of the International Council of Women—is responding with her usual amiability to the many courteous invitations to speak, which have continued to pour in upon her, during her visit to England. Mrs. Sewall presided at the weekly Monday Dinner at the Lyceum Club on the 15th, addressed the Liverpool Branch of the N.U.W.W. on the 17th, gave an address before the American Circle at the Lyceum on "The Higher Education of American Women" on the 19th, and will also act as hostess of the Journalists' Dinner at the Lyceum Club during this month.

The Annual General Meeting of the Lyceum Club, which was held on January 17th, at which Mrs. Bedford Fenwick was in the Chair, received from the Executive Committee a very satisfactory report. The Club has, without doubt, become a well-recognised centre of women's intellectual activity—combined with a delightful atmosphere of social relaxation. There are already nine qualifications for membership within the Club, which group into sections governed by Advisory Committees, and last week the members gave their unanimous consent for the organisation of two more: a Geographical Section, and an Agricultural and Horticultural Section.

### THE GEOGRAPHICAL SECTION.

In proposing the formation of the Geographical Section—the idea of which originated with Miss Pullen Burry—Miss Mitton said, "We want the Club representative of every phase of women's activities, and it seems in this direction there is a gap. Women are not now admitted as members of the Royal Geographical Society. . . . This is absurd, considering the work women have done in pioneering Mrs. Bird and Miss Mary Kingsley—to mention only two of those who are dead—are in the very first rank of those who have added lustre to the world of travel. By forming a section in the club exclusively for Geographical research, we hope that it may become what the Geographical Society is to men, the centre to which every traveller returning laden with the fruits of her enterprise will naturally come."

### AGRICULTURE AND HORTICULTURE SECTION.

Miss Helen Colt proposed that a section be formed in the Club to further the interests of women engaged in Agriculture and Horticulture—so that those members specially interested in such work might be brought together. She considered that such a section would be useful (1) To women who as country members, are property holders and who take an intelligent interest in the actual working details of their estates; (2) To members, town or country, who are keenly interested in

house—flowers, gardens, bees, poultry, dairy work, and so forth. Then there were the professional working farmers and gardeners, apt to be isolated, each of them "ploughing her own lonely furrow." A definite link would be of infinite use—would widen sympathies and give the consciousness of friendship and support, and would bring the benefits of co-operation.

Miss Helen Colt pointed out that through co-operation market problems could be considered, and flower shows, and dealing with fellow members for country produce would be possible, and that they might do something substantial towards solving the breakfast table problem of perennial interest—the problem of the new laid egg! There was also the interest of openings for women in the Colonies. Before a Club whose pride it was to possess the Circle of United Empire—it was not necessary to press this point. Agriculture and Horticulture were also indissolubly bound up with definite scientific knowledge and the whole scientific side of life. There was a tremendous field for women of leisure and scientific education—to open up—to undertake research work and make experiments. In the fascinating branch of fertilization and cross-breeding—the eugenics of plant and animal life—women might excel. A department which was greatly on the increase was the teaching of gardening and nature study in schools and colleges.

The highest branch of the purely æsthetic side of gardening—that of design—could be stimulated, and taste could be educated in the fine tradition of garden design in England which was only just beginning to recover from a period of decadence.

## THE SEVENTH MARCHIONESS OF RIVIÈRE.

### A PSYCHICAL INTERLUDE.

(Continued from page 56.)

#### THE PASSION OF DOMICILE.

In the century past there had lived at Carillon a great arborist, hence the Garden of Gardens, in which were to be found, in great magnificence, rare and beautiful trees. What could be more exquisite than the pure white feathery bloom of the giant acacia, or, more imperial, than the silver shaft of the tulip tree, crowned with glossy emerald green foliage and bell-shaped gold and crimson blossoms? Near by were the sweet-scented walnuts, the purple and silver beeches, the avenue of fan-leaved chestnuts, and upstanding pungent firs. In the pastures the stately oaks and elms, and flowering limes, and, by the river, shimmering willow. Of shrubs their name was legion. Thus embowered, what wonder a Garden of Gardens, set in brilliant green sward, carefully spudded by Papa and Mama.

There were all sorts of delightful surprises in this wonderful garden—mossy grass and gravel paths, with clipped yew and laurel hedges, pergolas and arbours shaded with delicate

noisette and damask-scented roses, vines, hops, bryony, and other riotous climbers, through which one caught glimpses of rustic gates, of the tapering church spire, the mill on the hill. The blossoming orchard, with its violet carpet (poor, *poor* Eve, sighed Andrea) and the red-walled garden, so bounteously productive, where one might cull scented herbs and lavender and other delights for the making of simples, or for blending together, with which to fill the *famille-rose* jars. Of the flowers which grew in that garden who shall tell? Kent was uncommon wise about them. Indeed, there was little that grew there of rare value which sooner or later was not to be found modestly sprouting in his cottage patch. How came it there?

"There are them as sez," the village idiot remarked oracularly, "mebbe it was the birds o' the air."

But Mrs. Kent knew better, and in the spring-time might be heard to observe "to them as jeered" when a patch of royal blue gentianella put forth its delicate trumpets, or the scent of pink mezerum could not be disguised, "as Kent he just had a way with him as no flowers could resist—they knowed who loved 'em, and so they growed."

Any way, Kent's little garden had been known upon more than one occasion to provide bulbs, slips and cuttings of rare flowers which by some mysterious process (the mice, for sure) had entirely disappeared from the Garden of Gardens. Upon these occasions the generosity of Kent was grandiose, whilst Andrea was all smiles and dimples as she accepted with becoming gratitude a bit of her own.

Mama loved colour and order, and potted and bedded out; but Papa was all for herbaceous borders, where, with few limitations, the flowers grew as they pleased, and in so doing they pleased to be gregariously resplendent.

Everyone believed that the blooms just swooned with pain when rudely snipped off the parent plant, so few flowers were cut, and Mama took special pride in her gold baskets filled with ferns and flowers to be found in every parlour.

\* \* \* \* \*

Now, when from your youth up you have been domiciled in a secluded spot, where you knew each tree and shrub and plant and weed, where it had been your happy fate to spend long, long hours of solitude, where you had enjoyed brilliant imagining of impossible events, where you had found sympathy with joy, and sweet solace for grief, is it possible for ever after to suppress the passion of domicile? Question the exile, and his bloodstock from generation to generation. Ah! the twinge of the heartstrings—and alas! for the heart which responds not to memory or instinct so sacred!

Thus with the passing of Mama it became a filial duty to change nothing. The bulb glasses and the gold baskets must be bright as of yore, so with the rolling of lawns, and the spudding of weeds. As the months passed, so the earth



must bloom. Winter called forth aconites, snowdrops—yellow jasmine and scarlet japonica on the wall; with spring must come gentianella, meze-reum and violets (white and blue); roses, jasmine, heliotrope and French honeysuckle come summer, and all the ribbon borders be ablaze at harvest time.

The old gardener would say: "It's time all this rammel was stooched oop, its a coombering the ground." But Andrea didn't agree, so the rammel remained.

She wished always to remember or dream of the garden just so. Changes might come—must come—but to her mental vision the Garden of Gardens as it had been must for ever appear.

\* \* \* \* \*

It was the last day of a glorious harvest, and Andrea, crowned with corn and poppies, had ridden home the bedizened leader of the last waggon. The lads cracked their whips, and the lassies tripped beside them. When she slipped down they cheered her, and she had thrown to each, of her gowans, and cornflowers and poppies.

\* \* \* \* \*

She found Fapa asleep in a chair under the tulip tree.

His magenta silk handkerchief covered his face. Oh! how pale were his hands!

His old dog leaned with its nose on its master's knee, and it did not stir or wag its tail.

*It knew.*

\* \* \* \* \*

Andrea was in the grey parlour with Uncle George. She looked very tall and slim in her black gown.

"Do you really mean everything?" she asked, in an awed voice, "his old horse, and his dog, and all the things that he touched and loved?"

"I mean, my dear, that everything must be sold—the debts must be paid."

For the first time in many days the colour flamed into Andrea's face—then it pinched and whitened, and a terrible menace contracted her brows.

"No one shall touch one of these things," she cried—"It is sacrilege—sooner than have these dear creatures sold—I will kill them with my own hands."

No need.—She had her way.

\* \* \* \* \*

A few weeks and strangers would be at Carillon and the Garden of Gardens would know her no more. Very late into the night, sometimes right into the dawn, she would wander under its shades, and stand and listen, where by the light of a superb moon—the old mill, sombre and still, was visible.

One night she thought she heard the laggard paces of a tired horse—she clung to the gate, and watched with a fluttering heart—but no one rode by. Just an echo!

Yet how cold the dawn.

And in the sunlight—such grievous pain at parting—all the time her heart just wept and wept.

Then came the letter from the Duchess.

ETHEL G. FENWICK.

(To be continued.)

## BOOK OF THE WEEK.

### \* THEIR HIGH ADVENTURE.

This story certainly justifies its title. A young Englishman attached to the British Embassy in Paris, taking a holiday in Switzerland, is without warning plunged into a series of events of a most exciting character.

He had landed at St. Peter-insel, a tiny red-roofed village which sprawled up the sides of a wooded promontory and lay basking in the late September sun amid its widespread vineyards, like a dapple of poppies among the corn.

"Heavenly," he was saying to himself. His eyes being bent to the braes, he saw nothing of her till she spoke.

"At last!—I began to fear you were never coming."

She came out behind the great smooth bole of a beech, and stood waiting for him.

"Heavens!" said the young man to himself. "What a lovely face! Who the deuce does she take me for? I wish I was the right man."

Not until the girl has confided to him her secret does she discover that he is not the person she took him to be. Beauty in distress, however, appeals to our young Englishman, and he accepts the confidence and shoulders gladly the responsibilities so unexpectedly thrust upon him.

Briefly, the sister of this lovely Russian girl had a year or two before the story opens, been condemned to perpetual imprisonment for shooting an unwelcome suitor.

"She shot Pesthel at Geneva—you remember?"

"He deserved it," said the young man quietly.

"When I saw you I took you for the M. Bertel whom the Countess was sending. We needed assistance to get her off. A girl cannot do everything. Now do you understand?"

"I understand and sympathise deeply, Mademoiselle."

"And you will still help us?"

"To the very last ounce that is in me."

"I thank you!" and a little white hand shot out impulsively towards him. He took it gently in his, and bent and kissed it.

With the connivance of an official Darzia escapes from prison and under the disguise of two boys travelling with their tutor, the party masquerading sometimes as three mad Englishmen, sometimes as Germans, endeavour to cover their tracks *en route* for England.

"Wild Strubel and the Amerton Horn and a dozen other snowy peaks gleamed and gloomed on their right. Something of the sinister harshness of their surroundings had fallen on them. They pushed on in silence, Verney in front, Darzia next, Sonia close on her heels, hoping at every turn of the path to catch sight of Hans Wryer's hut."

"At last they saw it, not a hundred yards away. Suddenly, without a sign or note of warning, above them a snow barrier loosed and was coming

\*By John Oxenham. (Hodder & Stoughton, London and New York.)



down upon them; the whole mountain side was crashing down upon them in wild leaps and bounds of mad white fury."

Poor Darzia escapes from prison walls, only to be hurled to an awful death.

By almost super-human effort Verney manages to clear a way into the hut, and there he and Sonnia stay until its owner comes to their rescue a week later.

Verney has, of course, loved Sonnia from the first hour of meeting, and all his natural tenderness and chivalry are strengthened by her grief and helplessness.

He determines that it would be a source of strength to them both if he were to declare his love.

"Tenez!" she said, fiercely, "listen; I love you, Verney, with my whole heart and soul. I could not help it. I cannot help it. I love you. And—and—I am married."

There is a charming picture as frontispiece of Sonnia in her boy's dress.

Mr. Oxenham excels in tales of adventure, and it cannot be complained that his latest work is lacking in excitement.

H. H.

#### COMING EVENTS.

*January 26th.*—Central Midwives Board. Penal Cases, Board Room, Caxton House, Westminster, S.W., 2 p.m.

*January 26th.*—Royal Sanitary Institute. Lecture: "Open Air Schools." Illustrated by lantern slides. By Professor Ralph P. Williams, M.D., B.S., D.Ph. 7.30 p.m.

*January 30th.*—Central Midwives Board. Penal Cases, Board Room, Caxton House, Westminster, S.W., 2 p.m.

*January 31st.*—The Trained Nurses' Protection Committee Meeting. To consider resolutions passed at Public Meeting on the 18th inst., *re* National Insurance Bill. 431, Oxford Street, London, W. 5 p.m.

*February 6th.*—Irish Nurses' Association, 34, St. Stephen's Green, Dublin. Lecture: "Symptoms and Signs," by Dr. J. M. Day. 7.30 p.m.

*February 7th.*—The Royal Infirmary, Edinburgh. Lecture: "Some Hints and Observations on the Physiology and Treatment of Skin Diseases." By Dr. Gardiner. Extra-mural Medical Theatre, 4.30 p.m. Trained Nurses cordially invited.

*February 7th.*—Dickens Centenary. National Council of Nurses, Sairey Gamp At Home. The Doré Gallery, 35, New Bond Street, London, W. Exhibition, Music, Refreshments, 8.30 p.m.

Guests to be in character from the Works of Dickens. Tickets, Professional, 3s.; Friends, Non-Professional, 5s. Apply, Miss Cutler, Hon. Sec., St. Bartholomew's Hospital, London, E.C.

*February 13th and 14th.*—Central Poor Law Conference, Holborn Town Hall, W.C. Mr. Charles Booth, F.R.S., will preside.

*February 15th.*—National Council of Nurses of Great Britain and Ireland. Meeting—431, Oxford Street, London, W.; Cologne Congress Business, 3.30 p.m.; Tea, 5 p.m.

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

### AN APPROVED SOCIETY FOR TRAINED NURSES.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR EDITOR,—I, with some of my nurses, was at the Morley Hall last Thursday evening, and am writing to say that our unanimous opinion was that a "Friendly Society for Women Nurses" ought to have the whole-hearted support of every member of the profession. Not only the nurses who were with me, but the entire staff, to whom I explained the proposition, at once said of course it is the only right thing to do in the face of this Bill.

Sincerely yours,

E. BRISTOW.

12, Holles Street, Cavendish Square, W.

### NO EXCUSE FOR VERMINOUS PATIENTS.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

MADAM,—I was surprised to read in your issue of January 13th your criticism of the Birkenhead Fever Hospital and its Matron. I was a nurse there for some time, and can testify to the great care given to the patients and the scrupulous cleanliness observed in all departments. All who have worked in a hospital know that they may be unfortunate enough to have a nurse who becomes slack in her work, as in this case, but it does not point to mismanagement on the part of the Matron, or carelessness by the other nurses. All who have worked for Miss Yeomans highly esteem her for her powers of organisation, discipline and general management, and I am surprised that the editor of a paper of the standing of the BRITISH JOURNAL OF NURSING should have expressed herself so strongly before endeavouring to ascertain whether she was justified in doing so. The duties of the doctor and Matron are known and clearly defined, the only doubt exists in the minds of two gentlemen who are not on the hospital committee.

Yours faithfully,

ANNIE SUTHERLAND.

Blantyre Road, Liverpool.

[It is needless to premise our editorial remarks with any refutation of our correspondent's statement that we express opinions without either full information or consideration of facts. Our criticism of the fact that a convalescent child was acknowledged to be in a verminous condition at the Infectious Diseases Hospital, at Birkenhead, will be found in our issue of the 13th inst., page 32, and is summed up in the following expression of opinion: "The cleanliness of the patients is the nurse's duty, and the supervision of the nurse

the Matron's duty. What is evidently required at the institution alluded to is stricter nursing supervision, and this, we hope, will be recognised in the future." We have nothing to add. In any hospital where convalescent patients are found to be verminous—there, we repeat, the nursing is faulty. Matron, Sister, Staff Nurse, Probationer—each responsible in her degree, must realise that where a filthy personal condition of the patients exists—from the highest to the lowest—stricter supervision is imperative. Let it be exercised by all in authority at the institution in question.—ED.]

### THE COLOGNE CONGRESS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I too am in the anomalous position of A. C. F. I cannot belong to a League because although I was trained at a very large hospital one has never been started—and I dare not belong to the Society for State Registration because our Matron and Committee do not approve of it. How, then, am I to get recognised at Cologne—as naturally if I go I want to attend all the social functions? It does seem so unfair that we nurses in England seem to be the only ones who have no freedom of action—in every other country in the world, even China and Japan, they are not such serfs as we are. When the splendid International Congress was held in London in 1909 we were not permitted to take any part in it—and unless one risks one's livelihood one has just to grin and bear it.

Yours truly,  
ONE WHO LOVES UNITY.

[It is only those who have sufficient courage to risk loss of work, for what is right, who ever are free to do their duty. Personally, we have little sympathy with those who consider their immediate self-interest before everything. The exploitation of nurses, and the tyranny of the unethical unprofessional nursing press is the worst evil in our profession in this country. Merely commercial speculations, these spurious so-called nursing journals oppose insidiously, or discourage, every self-respecting attempt upon the part of trained nurses to co-operate for self-protection and solidarity, because it is to their own commercial interest to do so. Nurses have got to learn that without professional solidarity they can never realise their own professional assets—and they will remain a huge mass of disorganised labour for the profit of the canny business man. Here the medical profession teach us a very salutary lesson. We need more of their professional loyalty.—ED.]

### MEN'S SOCIETY FOR WOMEN'S RIGHTS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I write on behalf of the above society to draw the attention of yourself and your readers to the astounding fact that in Holloway Gaol—built, I believe, to accommodate 800

prisoners—there is no dental chair or appliances, and further, that no arrangements exist for the attendance of a dentist. (It has recently taken a prisoner *three weeks* to obtain the services of a dentist!) Also, we have reason to believe that there is no staff of thoroughly trained nurses for duty in the infirmary. The Men's Society for Women's Rights will be only too glad to help in establishing the truth of the above statements with a view to securing immediate redress.

Yours faithfully,

FRANK WITTY,  
Hon. Propaganda Secretary.

141, St. Stephen's House,  
Westminster, S.W.

### [REPLIES TO CORRESPONDENTS.

*Nurse J. M. H., Yorkshire.*—We do not think it is possible to procure such a book as you mention. Write to the Matron of the Brisbane Hospital asking for the regulations for probationers.

*Trained Nurse, Bournemouth.*—The address of the Clapham Maternity Hospital and School of Midwifery is Jeffreys Road, Clapham, S.W. It has an excellent reputation as a Training School for midwives.

### OUR PRIZE COMPETITIONS FOR FEBRUARY.

*February 3rd.*—What are the principal points to be borne in mind when isolating a patient in a private house?

*February 10th.*—What do you mean by obstructed labour, how would you recognise it, what may cause it, and how would you deal with such cases?

*February 17th.*—Enumerate the principal reasons for the decrease in infant mortality in recent years. How can trained nurses and midwives assist in securing a continual decrease?

*February 24th.*—Mention any methods with which you are acquainted for making doses of disagreeable drugs as palatable as possible.

### PRIZES FOR NURSING HANDICRAFT

(See page ii. of Cover).

### NOTICES.

#### STATE REGISTRATION OF TRAINED NURSES.

Full information as to the movement for the State Registration of Trained Nurses, and application forms for joining the Society can be obtained from the Hon. Secretary of the Society for the State Registration of Trained Nurses, 431, Oxford Street, London, W.

#### NEW SUBSCRIBERS.

The Editor hopes that every reader, who values THE BRITISH JOURNAL OF NURSING, will get one or more new subscribers—so that its constructive work for the profession may receive ever increasing support.



# The Midwife.

## BABY HEALTH WORK.

At the second annual meeting of the American Association for the Study and Prevention of Infant Mortality, when the chairman of the Section on Nursing and Social Work was Miss M. A. Nutting, we learn from the *Johns Hopkins Nurses' Annual Magazine* that the keynote of all baby health work—education—was sounded over and over again by Miss M. H. Ahrens, Miss Harriet L. Leet and Miss A. M. Gallagher, it being the constant assertion of all baby welfare workers that infantile mortality is to be prevented mainly by intelligent motherhood, which can only result from intelligent teaching.

Dr. S. Josephine Baker's paper on instruction in infant care carried on in Little Mothers' Leagues continued the strain of this idea. The "little mothers" are young girls of working class families in public schools who are taught by school nurses something of the care and feeding of infants. The desirability of making still further use of maternity hospitals or wards in the instruction of young mothers was presented by Mrs. Reginald Foster, while the relation of the midwifery problem to infant mortality, as well as the relation of the nursing profession to midwifery, were discussed by Miss Van Blarcom.

Since about 50 per cent. of the births in the United States are attended by midwives, and since the function of the midwife should primarily be that of a visiting nurse, who would attend only normal and uncomplicated cases, it was urged that this undeveloped field ought to suggest an opportunity for visiting nurses to perform a social service of inestimable value. The better care from trained attendance not only provided poor mothers and babes with better nursing care in their hour of need, but with better medical care as well, since trained midwives did not discharge the grave responsibilities which are so commonly assumed by ignorant women. This better care was recognised as one feature in the decrease in England during the last few years of unnecessary death, blindness, mental and physical degeneracy of infants, and invalidism of mothers.

Dr. S. Josephine Baker urged the importance of making provision for training and supervision of midwives in America, rather than elimination of them. She believed that the midwife was an economic necessity and could not be eliminated, and moreover that the absence of midwives would work havoc amongst the poor. Doctors do not perform the same service for their patients as is offered by midwives, and Dr. Baker felt that the so-called elimination of midwives would merely be a covering up of the problem, for apparently they would practise whether permitted by law to do so or not, and in order to practise would pay doctors to sign their birth certificates!

Although there are strong opinions both for the recognition and the elimination of midwives, the general feeling was that whatever course was ultimately followed, the desired end would be obtained—that is, better care for mothers and infants.

## NATIONAL INSURANCE ACT.

### ADMINISTRATION OF MATERNITY BENEFIT.

The following notes on the Maternity Benefit to which our attention has been directed, will be of interest to our readers:—

Under Clause 18, provision for Maternity Benefit in normal cases is through the husband's insurance. Maternity Benefit, in the two abnormal cases of (1) single women and (2) wives of uninsured men, who are themselves insured, is provided through the woman's insurance, and is administered by the approved Society to which she belongs.

The Act therefore invites a single woman to provide for Maternity Benefit for herself while single, and after having made an unsuitable marriage with a man who makes her earn the livelihood.

Looking at the Act as an Insurance Act, Clause 18 compels a single woman to put by for the purpose of obtaining Maternity Benefit while single, and after making an unsuitable marriage.

It is demoralising for an individual to insure against distress due to his own wrong-doing, however right it may be that money should be forthcoming from charity or taxation to ameliorate distress of this kind.

Looking at the Act as a measure for the Relief of Distress, Clause 18 relieves (1) fallen women and (2) women who have been unwise or unfortunate enough to marry uninsurable men who compel them to work during the child-bearing period, at the expense of all wage-earning women belonging to the same approved Society.

It is unjust that such a charge for the purposes of relief should fall entirely upon one class of the community.

In the interest of morality and of justice, it is important that public attention should be drawn to the first part of Clause 18 of the Insurance Act.

## MIDWIFE v. NURSE.

At an inquest held at the Whipps Cross Infirmary, concerning the death of a woman who died in the infirmary, some strong comments were made by the Coroner, Dr. Ambrose, as to a nurse being sent from a Nursing Home at Walthamstow, to attend the deceased when a midwife was engaged.

Miss M. F. Martin, certified midwife, deposed that she went to the house where Nurse Bater was



in charge of the deceased. She waited two hours and then left the patient in charge of Nurse Bater. Asked by the Coroner whether it was the habit of the Home to send out unqualified women, and for the midwife to follow them up, she replied in the affirmative.

The Coroner said he hoped the Press would take note of that, so that anyone wanting a midwife would know where not to go. It was no more right to do that than for a doctor to send out an unqualified assistant.

The husband of the deceased woman said that he understood his wife engaged a midwife. When he went to the Home he did not remember if he asked for a midwife. He said: "Will the nurse come at once?"

The patient eventually died of puerperal septicaemia, and the Coroner remarked that instead of getting the midwife, who was engaged, the deceased got a nurse. When they went to "buy a horse they did not want a cow."

Addressing Nurse Martin, the Coroner said that the Sister in Charge of the Home should be told that when a midwife was asked for she ought to be sent, and she ought to follow the case up.

The nurse said that the Sister was away at the time—she was in charge herself, and the Coroner told her to take his remark for herself.

### CENTRAL MIDWIVES BOARD.

The monthly meeting of the Central Midwives Board was held in the Board Room, Caxton House, Westminster, on Thursday, January 18th.

#### REPORT OF STANDING COMMITTEE.

A letter was read from the Director of Public Prosecutions with regard to the case of a woman who had tendered a false and fraudulent certificate of birth with the object of being accepted as a candidate at the Examination of December 15th, 1911.

It will be remembered that the Secretary reported the fact of the deception at the last meeting of the Board and was directed to place the papers in the hands of the Director of Public Prosecutions, who now expressed the opinion that in the circumstances it was probable that no punishment would follow conviction as an appeal would probably be made, in mitigation, and he doubted the advisability of taking action.

Reference was made to a letter from Mr. Pritchard, Secretary of the Maternity Charity, Plaistow, pleading the girl's youth, on account of which she had lost one situation, her mother's poverty, and her anxiety to help her, which induced her to alter the certificate and make it appear that she was a year older than was actually the case.

The Board agreed to thank the Director of Public Prosecutions for his letter and to inform him that it acquiesced in the course which he proposed to adopt.

A letter was received from Mr. T. H. Barlow, of 30, Rodney Street, Liverpool, with regard to

the difficulty which arose through a mistake having been made by two of the examiners at the October examination at Manchester. The draft reply approved by the Standing Committee was adopted.

The Board also approved a new form of Card of admission to the Oral Examination, with the view of affording adequate safeguards against similar mistakes in future.

#### APPLICATIONS.

The applications of twelve midwives for removal of their names from the Roll were granted.

The application of Miss Elizabeth Thomas for approval to sign Forms III and IV was granted, and it was agreed to recognize the signature of Miss E. C. Thompson, *pro hac vice*.

#### REPORT OF THE FINANCE COMMITTEE.

The Secretary reported a balance of £115 at the end of the year, which, however, was not the ultimate balance, as certain items had still to be included in the accounts. There had been an increase in the amount received for the sale of publications owing to the publication of the new rules. The apparent profit on the examinations was £600, but against this must be put the fact that there was no charge for establishment expenditure, clerical work, or stationery.

#### OTHER BUSINESS.

The Chairman gave notice that he would move at the next meeting of the Board that its meetings should be settled for twelve months in advance subject to revision on notice of motion.

Sir George Fordham reminded the Board that part of the benefits with which the Insurance Commissioners would have to deal under the National Insurance Bill were the Maternity benefits. He asked leave to propose a motion of which he had not given notice, that application should be made that their regulations in draft should be sent to the Central Midwives Board with a view to the Board's making any observations upon them.

The Chairman enquired whether there was any urgency in the matter, and Miss Paget said that she recently attended a conference convened by Sir Robert Morant and she thought there was extreme urgency.

The Chairman therefore under the powers he possesses admitted the motion as an emergency resolution, and it was seconded by Miss Paget and carried. It was agreed that it should be forwarded to the Commissioners through the Privy Council.

Sir George Fordham further suggested for the consideration of the Board that the quorum at a Penal Board might conveniently be reduced to three. He also stated that he proposed to bring forward the question of the Standing Committee. He had always been opposed to a Standing Committee and was of opinion that the Board could and should do the work.

The date of the next meeting was fixed for February 22nd.

# THE BRITISH JOURNAL OF NURSING

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## EDITORIAL.

### THE NURSING SPIRIT.

Five-and-twenty years ago the technical training in many hospitals left much to be desired; the hours in the wards gave little time for study; and the limited number of the staff, and, the consequent work at full speed of each member, did not permit of much practical teaching being given in the wards by the Sisters. Yet the training schools turned out some splendid nurses in those days, and the reason was in part that hospital life had few attractions to offer to those who did not take up nursing in the right spirit. Those who desired the opportunity of nursing the sick, and were not afraid of plenty of hard work, found these ready to their hand. But those who merely desired to support themselves in a more or less pleasant way, soon tired of hard work, hard fare, scant sleep, and few recreations. Consequently those who emerged from the training schools, as certificated nurses, represented the survival of the fittest.

Does the present day nurse make the fullest use of her opportunities? With better teaching, shorter hours, better food and comfortable quarters, one would naturally suppose that she would be fresher, and the quality of her work would be superior to that of her predecessors. It is doubtful whether she comes brighter to her work, because she has many outside interests which her harder-worked colleague in the eighties did not permit herself.

Theatres, concerts, golf, and other amusements share with the sick the affections of many a modern nurse. Off-duty time looms almost as large as the work in the wards with many nurses, but nursing is an exacting divinity, demanding whole-hearted allegiance from her devotees, and refusing to be regarded merely as a means of making money

which opens the door to pleasant recreations. We do not intend to imply that nurses should indulge in no recreations; they are all the better for them; but these should be lightly held, and willingly surrendered, if the welfare of the sick demands it, and if they are inspired by the true nursing spirit they will do so, ungrudgingly; and before all things it is necessary that we should cherish that spirit, otherwise—however technically perfect—a nurse can never rise above the level of mediocrity. As there is all the difference in the world between an actress merely word perfect only in her part, and an inspired Siddons, between a voice mechanically perfect, but lacking in soul, so there is a difference which the sick are quick to feel between the nurse whose work however skilful is not instinct with human sympathy, and the one whose skill and tenderness are the outward expression of her inmost desire to serve the sick to the utmost of her power.

It would be impossible for such a book as the story of the Cottage Hospital, which we review in another column, to have any chance of interesting the reading public if that public held the opinion of trained nurses to-day which many deserve. That there is a sordid, seamy, pleasure-loving side of our profession is evident, and when once nursing is dethroned from her high position and relegated to the second place, every kind of disaster may follow, for her claims are supreme and she brooks no rival.

The true nursing spirit not only inspires a woman's devotion to the sick, but includes in its catholic sympathies all humanity, and very specially does it seek after means of helping fellow workers. The twentieth century should see this sense of professional sympathy warmly encouraged by those responsible for the tone of our training schools. The time has come when we must govern our corporate life by a high code of ethics.

## MEDICAL MATTERS.

### THE RESISTANCE OF THE HUMAN BODY TO DISEASE.

Dr. Arthur R. F. Exham delivered an interesting address on the above subject to the Shropshire and Mid-Wales Branch of the British Medical Association, which is published in the *British Medical Journal*, in the course of which he said:—

"The resistance of our bodies to disease is a subject that we know very little about positively; but in these days, when, as it appears to me, there is a widespread nervousness in regard to disease, and especially infectious disease, it is well that we ourselves should remember that there are such things as defences in our bodies.

"The older physicians and surgeons were conscious that many cases recovered in an inexplicable fashion—that, at any rate, the recovery did not seem to be due to the treatment employed. Some power was there that was beyond their ken—an unknown agency was fighting for the patient's recovery.

"And do not most of us see the same thing to-day? I know I do. In a large practice for thirty years among all sorts and conditions of men, women, and children—from those who live in the lap of luxury down to those who often are without the bare necessities of life—nothing has impressed me more than the power of recovery that seems innate in human beings. I see a young patient with pneumonia, living miles from me in the country, in bad surroundings and ill-ventilated rooms, with no nursing, with discomfort of every kind, and irregular feeding, a case whose circumstances preclude the possibility of employing anything but the most simple treatment—everything, so to speak, against it; and yet—and yet—it recovers. And not only an odd case here and there, but scores. The same result happens in measles, scarlet fever, and other affections, where cases recover without any care being taken of them. Further, what are we to make of the fact that many methods are advocated for treating a particular disease, and all, according to those who employ them, equally efficacious? Look at the cases of people with healed cavities and other evidence of tuberculosis disease who have died of something else. . . . So that the conclusion must be this, I think: That a human being in normally good health is really very resistant to disease; that there is some dormant power in us ready to do battle if called upon. But the How and the Why are still obscure."

## CLINICAL NOTES ON SOME COMMON AILMENTS.

By A. KNYVETT GORDON, M.B. CANTAB.

### SCARLET FEVER.

It has been pointed out to me that, in this series of common ailments, one very common disease—namely, scarlet fever—has been omitted. As a matter of fact, this was done intentionally, because I had written rather fully from time to time in the columns of the *JOURNAL* on this subject. Still it may, perhaps, be not inappropriate that a short description of the disease should be given for the benefit of those who may not have seen the previous articles.

Scarlet fever is a definite infection—that is to say, an attack from without on the patient by a micro-organism, which multiplies and produces poisonous substances, which are absorbed by the patient's system and give rise to the symptoms of the disease. Either the organisms win the fight, in which case the patient dies, or his white blood-cells are victorious and he recovers; the severity of the attack depending either on the vigour of the germs or on the strength of the resistance which the patient is able to make.

As a matter of fact, we do not know much about the germ of scarlet fever. We know that in cases of the disease various members of the family of organisms, which we call streptococci, are always present, but we have not as yet identified the individual streptococcus; the main reason for this being that hitherto all attempts to produce scarlet fever in animals have failed. In other words, while we recognise that the raid on the patient is made by a particular tribe, we do not know which members of the clan are the real offenders; they always hunt in bands.

Scarlet fever is very infectious—that is to say, the disease is easily transmitted from one person to another, and the germs may also be conveyed in clothing or in infected milk, and possibly by flies also. Undoubtedly, the most common source of infection is from a previous case, which has often been unrecognised, either on account of its mildness or of its intense severity; the patient in the latter case succumbing before the characteristic signs of the disease have appeared.

It affects children for the most part between the ages of two and ten. Inasmuch as, except in very rare instances, people do not contract a second attack, it follows that it is uncommon in adults, simply because most of these have had it already.

Let us now see what happens when the organisms enter a susceptible host. For a



period—the incubation period—which varies from twenty-four hours to a week, though two or three days is much the most common, no signs appear, but when incubation is finished the temperature rises sharply to 101 degrees or more, and the patient is very cross and irritable, and has an intense headache and sore throat. On the second day (usually) a rash appears, in the form of a scarlet blush on the cheeks and chest, spreading thence on to the trunk and limbs. The forehead and triangle round the mouth and nose are never affected, but on the chest the eruption generally, though by no means invariably, becomes punctiform—that is to say, it breaks up into little red dots, which are usually most marked in the axillæ, and (if the trunk is also affected) in the groins also. On the arms and legs the dots are coarser, but the rash is always in the skin itself, and not upon it—that is to say, the spots are not raised. When the skin is pressed so as to drive the blood from it the rash disappears, and returns when the pressure is relaxed. The eruption is followed by desquamation, or peeling of the skin, which may commence as the rash fades, or may be delayed for any period up to three weeks. On the trunk and limbs the skin comes off in the form of little rings, but on the hands and feet it is more usually shed in large flakes. Desquamation is generally completed in about six weeks.

The appearances in the throat vary according to the severity of the attack. In mild cases all that is seen is a bright redness of the tonsils and soft palate, with, it may be, a little soft yellowish deposit on the former. In severe attacks the tonsils and the soft palate become ulcerated and eaten away, their surface being covered with leathery-looking sloughs. The temperature—in the absence of complications—is proportional to the intensity of the inflammation of the throat, and declines as this abates, reaching the normal in the average case at about the end of the first week. When this occurs the patient as a rule feels fairly well, and resents being kept in isolation for the further four or five weeks which elapse before he is free from the risk of communicating infection to others. Though there is no evidence that the flakes of skin are infectious in themselves, the patient is usually capable of transmitting infection until desquamation is completed, the disease being probably conveyed through the breath and secretions.

Let us now return to the pathology of the disease. The organisms lodge in the first instance in the tonsils, so that the throat is the site of the manufactory of toxins, with which the blood becomes charged, and we can liken

the sloughing of the tonsils to the devastation that occurs on a field of battle itself, inasmuch as in warfare it does not matter so much what happens to the field itself, the important point being which army goes on to ravage or protect the neighbouring country—that is to say, the patient's system. In the great majority of cases of scarlet fever the germs themselves do not spread beyond the throat and its immediate neighbourhood, but in some—the so-called malignant cases—streptococci may be found in the circulating blood itself. Sometimes these are so intense that the patient dies, with his blood saturated with organisms, before the rash has had time to appear. It is better to call this type toxic scarlet fever, as the term "malignant" is often applied to any case of more than average severity.

The eruption is due not to an inflammation of the skin but to the effect of the circulating toxins on the smaller blood-vessels, which it causes to dilate, so that the area of skin which they supply is flushed and unduly full of blood. The toxins are also responsible for the fever and headache.

If, however, the throat is intensely inflamed, the organisms may travel along the Eustachian tubes to the middle ear—giving rise to inflammation, which shows itself in a discharge from the external ear—or into the nose, so that pus is seen to issue from the nostrils—or along the lymphatic vessels into the glands of the neck, which sometimes then break down into abscesses; all these phenomena making up the type of case which we call septic—which is rather a better name than the old-fashioned "Scarlatina Anginosa."

As we have seen, in the ordinary case the patient is practically well when the inflammation of the throat and the pyrexia have subsided, but this does not always occur, and there are certain events which we call complications which sometimes supervene, and all of which are of much greater importance than the original attack.

The first of these is the inflammation of the middle ear, which we have just noticed, and this is dangerous in two ways. Firstly, the inflammation may spread from the ear itself to the surrounding bone in the mastoid process, and thence to the brain or its coverings, so that death may result from meningitis or an abscess in the substance of the brain itself; or more or less permanent deafness may follow after the inflammation of the ear has subsided, this being usually due to obliteration of the canal of the Eustachian tube by adhesions.

Or the kidneys may suffer from a form of nephritis. This is due to two factors: firstly,

the kidneys, like every other organ in the body, are irritated by the circulating toxins, and then, inasmuch as the skin is hard and dry during the stage of desquamation, and it cannot therefore do its full share of excretion, extra strain is thus thrown upon the kidneys, and inflammation may result. This is shown by the presence of blood and albumen in the urine, and by signs due to the retention in the system of much of the urea which a healthy kidney would have taken out and excreted in the urine. Though complete recovery is the rule in this form of nephritis, a prolonged and debilitating illness may ensue before this takes place, and sometimes death occurs from suppression of urine in the acute stage.

Another complication is the so-called scarlatinal rheumatism, which shows itself in an inflammation of various joints, generally the wrists and knees, and a liability to implication of the lining membrane and valves of the heart, so that the patient may be left with a permanently damaged circulation.

The treatment of scarlet fever and the management of the infectious period will be dealt with in the next article.

## OUR PRIZE COMPETITION.

WHAT ARE THE PRINCIPAL POINTS TO BE BORNE IN MIND WHEN ISOLATING A PATIENT IN A PRIVATE HOUSE?

We have pleasure in awarding the prize this week to Miss M. B. Williams, General Hospital, Great Yarmouth.

### PRIZE PAPER.

The room, or rooms, in which the patient is to be isolated should, if possible, be at the top of the house, for three reasons:—

1. Isolation is more complete.
2. The room is quieter.
3. Warm air ascends, and the chimney or faulty ventilation from a room in which an infectious case is being nursed may convey the disease to those in a room above.

The *aspect* should be south or west. No curtains, carpets, stuffed sofas or chairs should be allowed; in fact, only articles which can be scrubbed and cleaned.

The bed should be a spring bed, with one hair mattress, and should not be placed in a position where the nurse, while attending to her patient, must stand between the bed and chimney, towards which the infectious air is constantly passing.

Light and sunshine should also be freely admitted, as both help to kill the poison which

is being expelled from the patient's body by the lungs, skin, or excretory organs.

*Ventilation*, too, should be free, without draught. A fire, even in summer, should be kept burning, as it is necessary to maintain an even temperature, and also in order that refuse, dust, etc., may be burnt.

The lavatory should be isolated. No food of any kind should be kept in the patient's room.

*Personal cleanliness* for the patient and all that has been used in connection with him is most essential. Floors should be wiped over with a damp cloth, wrung out in disinfectant, at least once a day.

A loose linen coat should be provided for the doctor to wear whilst in the room, and also plenty of hot water, towels, and disinfectants for his use.

A sheet kept saturated with a disinfectant should be hung over the outer door or passage, the end resting in a bath. The sheet should be sponged or sprayed with carbolic lotion (1-20) or weak lysol. This measure is also useful as a danger signal. All discharges from the patient are infectious, and should stand for about ten minutes in strong disinfectant before being emptied into a public drain.

Only those on duty should be allowed in the sick room, and even they must undergo the proper quarantine and disinfection before mixing with others.

All books taken into the room should be burnt when finished with.

All clothes for the laundry should be soaked for some hours in strong carbolic lotion, and, if possible, boiled. A basin of disinfectant should be used by the nurse for her hands after touching the patient.

When the patient is declared free from infection he should have a disinfecting bath, either in a basin containing a disinfectant of definite strength, or preferably a hot bath, and a sponge all over with an antiseptic solution. The head must be included in this. The patient must not return to the infected room after the bath, and must have fresh clothes, the nurse putting on a clean overall or dress before she disinfects the patient.

To disinfect the room use a formalin lamp or sulphur candle, first stopping up the chimney or keyhole, and pasting over any cracks. Open all the drawers and cupboards, hang up all blankets and any garments lying about. Mattress and pillows after this must be disinfected by steam. Leave the room under fumigation for twelve hours, and then for another twelve hours with open windows. Burn all books, toys, and clothes, especially boots. Utensils should be boiled.

The room must now be well scrubbed with disinfectant, the ceiling whitewashed, and the walls scraped and repapered. In the case of oil paintings, careful washing is all that is required.

The nurse must remember to eat well, but not in the infected area, and should use gargles frequently. If possible, outdoor exercise should be taken every day, all outdoor attire to be kept outside the infected room.

Cups and utensils used by the patient should be kept quite separate. The nurse must remember not to go to another patient until she has undergone the proper disinfection and quarantine.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Julia Hurlston, Miss Mary Hodgson, Miss Janet Edwards, and Miss Emily Marshall.

Miss Hurlston writes:—"When isolating a patient in a private house the points of most importance are: What will be best and most comfortable for the patient, and what precautions are necessary for the safety of the household? She advises a room which catches the morning sun, if possible, and that even if the room is made sanitary it should still remain cheerful and tasteful. The floor should be covered with a material which can be washed. Dusting must be done with a damp duster. A supply of crockery, glasses, spoons, etc., must be kept in the patient's room, and should be boiled for thirty minutes before being allowed out of the room.

Miss Mary Hodgson writes on the necessity for great personal precautions on the part of the nurse, and also the most careful disinfection and boiling of bed and personal linen sent to the laundry.

#### QUESTION FOR NEXT WEEK.

What do you mean by obstructed labour? How would you recognise it, what may cause it, and how would you deal with such cases?

### A NOVEL COMPETITION.

A prize of one guinea, and a second prize of 15s. will be awarded for a brief description (preferably under 300 words) of any incident of hospital life or of private nursing, serious or comic, which might form the basis of a story. Consolation prizes of half-a-guinea will be given to other competitors whose matter is accepted. Merit will be estimated by the amount of interest attaching to the bare facts related, and not by the style of composition.

The Editor often receives hospital stories, for which she has not space. No doubt many of them are founded on fact. The suggestion is that these facts be presented in as few words as possible—say, from two to three hundred words, and that the writer shall receive remuneration for the fact, and not for its lengthy elaboration.

All Papers for the Competition must reach the Editor at 20, Upper Wimpole Street, London, W., by February 19th next, and the envelopes must be marked "Real Incident Competition." The names of the Prize-winners will be announced the following week, if the contributions are of sufficiently novel and intrinsic interest to satisfy the three judges appointed, and to justify their publication.

### GOLD MEDALS FOR NURSES.

We are glad to learn that at the quarterly meeting at the Royal Free Hospital, on the 24th ult., the Earl of Sandwich presiding, it was reported that the Cordwainers' Company would provide annually a gold medal to be awarded to the nurse who had attained the highest number of marks in the final examination held at the end of three years' training. We believe such a medal was formerly given at the Royal Free Hospital during the time Miss Barton (Mrs. Ludlow) was matron; and there is no doubt such an honourable distinction stimulates a wholesome rivalry amongst the nurses, and encourages them to do their utmost to deserve it.

### THE SCHOOL NURSES' LEAGUE.

On Wednesday, 24th January, 1912, the second lecture of the new series was given to the L.C.C. School Nurses at the Day Training College, Southampton Row, by Dr. Shrubsall.

There was a good attendance of Nurses. The subject chosen—"Fatigue"—being particularly interesting, as, I think, no one—in any profession or work whatever—can truly appreciate as a Nurse can, what it is to be fatigued.

Dr. Shrubsall had a number of very good slides to show by various diagrams the relative stages of fatigue and the action of the muscles before and after fatigue.

The Nurses are very grateful to the Doctors who so kindly give much time and trouble to the lectures. It is hoped that a full number of Nurses will muster for the next lecture, Wednesday, 31st January, 1912.

A. G. L.



## LADY MINTO'S INDIAN NURSING ASSOCIATION.

The report of the Association is, as usual, beautifully printed and most interesting in the details it gives of the work, especially those embodied in the report of the Chief Lady Superintendent, Mrs. E. Davies. Mrs. Davies is proceeding on leave this year, and the Hon. Secretary, Colonel F. O'Kinealy, writes that the good wishes of the whole Association will accompany Mrs. Davies in her well-earned holiday after her five years' brilliant and untiring work in the cause which she has so much at heart.

Mrs. Davies reports that a continuance of progress may once more be claimed for the Nursing Association. The centres as a whole refer generally to the healthiness of the season as the main reason for any falling off in the number of subscribers, but temporary effects of this kind need raise no apprehension in view of the fact that the demands for the Nursing Sisters from the public at large have become more and more frequent, and thus it is permissible to conclude that their services have been more appreciated, and that the work accomplished by them has been of a satisfactory character. In several instances very high praise of their professional ability has reached the office of the Central Committee.

A forward movement is shown by the inclusion under special subscription rates for Regiments and Firms of all officers on the Staff of

the Arsenal, the composite annual subscription being the same as that for a Regiment of the Indian Army, namely, 50 rupees.

The proposal that the Nursing Staff of Lady Minto's Indian Nursing Association should be invited to enrol themselves as members of the Indian Voluntary Aid Corps has met with a warm response. All the Nursing Sisters have expressed their willingness to give their services in time of emergency.

With a view to promote the greater interests of the Association, as well as to benefit the nurses, it has been agreed by the Central Committee to grant a retaining fee of thirty rupees a month to all those who go home to qualify in midwifery; subject, however, to the proviso that their return to India be made within the period of six months; the same privilege is extended to those who take the qualification in India.

Concerning the Punjab Branch Mrs. Davies reports that four new members have joined the local staff—Mrs. Crown and Miss Dalrymple,

trained at St. Bartholomew's Hospital; Mrs. Whiddett, trained in general nursing at the Presidency General Hospital, Calcutta, and in Maternity nursing at the Home for Mothers and Babies, Woolwich; and Miss Butcher, trained at the Crumpsall Infirmary, Manchester.

Miss Smith, of the Baluchistan Branch, who has done extremely good work in that province, has been appointed Lady Superintendent of the Punjab Branch, in the place of Mrs. Lewis, resigned.



MISS NIXON (NURSING SISTER).  
LADY MINTO'S INDIAN NURSING ASSOCIATION.

Three of the Sisters of the United Provinces Branch have been on the sick list during the past year. Miss Shearer and Miss Lucas have been transferred to the Baluchistan Branch, and their places filled by Miss Conway-Gordon from Quetta, and Miss Loden from the Punjab Branch.

During the year two of the Sisters, Miss Kearney and Miss Shearer, nursed the late Begum of Rampur, the Nawab later expressing his full appreciation of their services.

Miss Wason, Lady Superintendent of the United Provinces Branch, is proceeding on European leave this year. During the three years in which she has acted as Lady Superin-

of the Court of Wards in this Province, to express my appreciation of their conduct."

Miss Pritchard, Lady Superintendent of the Bengal Branch, who is coming to Europe on leave in March next, has been cordially recommended for re-appointment on her return for a further period of five years.

#### THE HOME COMMITTEE.

Lady Helen Munro-Ferguson, who has so ably filled the office of President since the inauguration of the Association, resigned that post on the return of the Countess of Minto from India, but will continue to serve as a member of the committee.



SISTERS' QUARTERS, JALPAIGURI.

tendent of this Branch Mrs. Davies records that she has devoted herself heart and soul to the cause of the Nursing Association, and done her utmost to promote its interests in the face of many difficulties.

In the Eastern Bengal and Assam Branch six new Sisters have been appointed to fill vacancies caused by resignation on account of transfer or completion of service. The Branch has sustained a great loss through the sudden death of Nursing Sister Barrett, whose place will not be easily filled.

Miss Breed and Miss Webb, of the Bengal Branch, have been specially commended by the Hon. Mr. Macpherson for their care of a violent mental case, an Indian lady in high position. He writes: "I hear the highest accounts of their courage, tact, and humanity in dealing with this case, and desire, as Officer-in-Charge

In regard to opportunities for trained nurses in China, the American Consul in Shanghai says the field offered to members of this profession in China is limited to the foreign population, and the situation in Shanghai is typical of that of the whole country. In China, girls, mostly English, enter the Victoria Nurses' Home and take courses in nursing there, while the Shanghai General Hospital nurses are practically all French nuns. Among the Chinese the missionaries, in a majority of cases, oversee the native hospitals and look after the sick. Frankly speaking, adds the Consul, the outlook for a nurse is not a bright one; "and unless she has a contract for two or three years, entered into before she leaves for China, it would be inadvisable for her to entertain any idea of coming to China to practise her profession."

## POOR LAW INFIRMARY MATRONS' ASSOCIATION.

A well-attended meeting of the Poor Law Infirmary Matrons' Association was held on Saturday last at St. Marylebone Infirmary. Miss Cockrell presided. There was a good attendance. The following questions and subjects for discussion, which had been sent to the Hon. Secretary by different members, were put before the meeting in turn and evoked very interesting discussions:—

1. Is it the general practice to teach invalid cooking in infirmaries of from 200 to 300 beds?
2. Is it the usual custom at the infirmaries represented by the matrons present to put special nurses to nurse a case of erysipelas, and are these nurses kept entirely separate and not allowed to mix with others at meals?
3. What is the usual custom about giving testimonials? Do the matrons allow any of their nursing staff to retain testimonials given by the matron (to help them to obtain posts) while they are still working in the building?
4. What is the usual practice in reference to the care of the soiled and ward linen of the phthisical wards and lock cases?
5. Could the Infirmary Matrons' Association do anything towards improving the position of superintendent nurses in workhouses?
6. Could a course of post-graduate lectures be arranged?

## THE SAIREY GAMP "AT HOME."

So many people want to know if the Sairey Gamp "At Home" is in aid of the Dickens Fund that we wish to make it quite plain that it is not. The price of tickets (3s. and 5s.) leaves little margin for profits, but if there should be any, it will be handed over to the general fund of the National Council of Nurses. The object of the gathering is simply to commemorate the Centenary of Charles Dickens, who, in the opinion of the nursing profession, did such a monumental work in the impetus which he gave to reform in the management of Poor Law institutions and hospitals, not to mention nursing. The present generation does not know its Dickens as intimately as it should do; and the preparing to impersonate one of his inimitable characters has led to much solid and enjoyable reading amongst those who intend to accept Sairey Gamp's invitation on February 7th at the Doré Gallery.

Miss Cutler would like it known that busy people, who cannot find time to prepare a

Dickens costume, may attend the "At Home" in evening dress or uniform. Tickets can be obtained from Mrs. Hunter, Nurses' Home, St. Bartholomew's Hospital, E.C.

## NO MONOPOLY PERMISSIBLE.

The position of women under the National Insurance Act is a very unsatisfactory one, more especially for those of the professional classes, like trained nurses, whose salaries are very limited. The Act is framed to meet the needs of men and manual labourers. But as employed women are compelled to insure, the question which presents itself to their immediate attention is what best return they can get for their money. And we claim that they are wise to inquire into every detail for themselves, and, if they choose, to form their own Approved Friendly Societies, as the Act permits.

This right, one would have imagined, would never have been questioned, and yet week by week the anti-registration organ of the Royal National Pension Fund (practically an Insurance and not a Pension Society, on the same business basis as any other) claims that it, and it alone, should organize and control the Nurses' compulsory contributions and their State subsidy provided for under the Act. From this claim we hope trained nurses will at once dissent. The Act gives them a right to manage their own affairs in this connection, and we advise them to do so.

We surmise that there will be very little surplus for the special benefits trained women nurses require unless their finances are most carefully conserved, and the cost of administration very economically administered. Such economy in women's societies administered by men is seldom a marked feature of their management, whereas all the Nurses' Societies managed by themselves, transact an immense amount of business for a very reasonable outlay. We want no palatial offices—such as that in which the Royal National Pension Fund is now housed—nor any costly secretarial department. We want the best-paid posts filled by women instead of men, and we know that unless we manage our own affairs we shall have as little power in a Nurses' Friendly Society as the policy-holders of the Royal National Pension Fund have in administering its financial business. Anyway, no monopoly is permissible, and as only about one-fifth of the nursing profession is insured in the Pension Fund, we hope the nursing profession as a whole will assume its rightful responsibility and manage its own Approved Society.



## THE IRISH NURSES' ASSOCIATION.

Miss Buchanan, P.L.G., delivered a lecture to the members of the Irish Nurses' Association on Wednesday evening on the National Insurance Bill as it affects nurses. There was a good attendance, the members being anxious to obtain information on this much-talked-of Act, which will affect them so closely. Miss Reed was in the chair. A hearty vote of thanks, proposed by Miss Reeves and seconded by Miss Despard, was given to Miss Buchanan at the close of the proceedings.

## THE IRISH CATHOLIC NURSES' ASSOCIATION.

The first general meeting of the Catholic Nurses' Association was held in Lourdes House, Mountjoy Square, Dublin, on Tuesday, 16th ult. The necessity for affiliating with an existing recognised Friendly Society, under the Insurance Act, arose. The meeting unanimously decided to affiliate with the A.O.H., which Society has branches in all parts of Ireland, and will therefore be in close touch with the scattered members of the Catholic Nurses' Association. It was decided to elect a number of gentlemen as associates, the number not to exceed five. The following officers were elected for the year:—President, Miss M'Coy, Matron Dublin Sanatorium, Crooksling, Co. Dublin; vice-presidents, Miss Timmons, Matron Meath Co. Infirmary, Navan; Miss Kelly, Matron District Asylum, Enniscorthy; Miss Kearns, Night Superintendent South Dublin Infirmary; Miss O'Dea, Lourdes House, Mountjoy Square, Dublin; treasurer, Miss M'Clelland, Lourdes House, Mountjoy Square; trustees, Miss Corless, Drumecondra; Miss Spellisy, Matron Verville Private Asylum, Clontarf; Miss Cooke, Gibraltar House, Crumlin; hon. sec., Miss B. M. M'Loughlin, Lourdes House, Mountjoy Square.

The above officers, with the following, constitute the Council:—Miss Ahern, 67, Lower Leeson Street, Dublin; Miss Clynes, North Dublin Infirmary; Miss Conolly, Dublin District Nurse; Miss Daly, The Sanatorium, Crooksling; Miss Derrie, Rockingham Arms, Boyle; Miss Fleming, Lourdes House, Mountjoy Square, Dublin; Miss Garland, Matron, Alma House, Mountjoy Square, Dublin; Miss Garaghan, St. Lawrence's, 34, Rutland Square, Dublin; Miss Hayes, Sister, Stevens' Hospital, Dublin; Miss Lynch, Virginia, Co.

Cavan; Miss Kavanagh, Lourdes House, Mountjoy Square, Dublin; Miss M'Carthy, Matron, Fever Hospital, Omagh; Miss M'Devitt, Lourdes House, Mountjoy Square, Dublin; Miss Molloy, Union Infirmary, Galway; Miss Murphy, Union Infirmary, Scariff; Miss Flynn, Newcastle West, Co. Limerick; Miss Ryan, Matron, Fever Hospital, Tuam; Miss Walsh, Riverside House, Westport; Miss Walsh, Matron, Leitrim County Infirmary, Carrick-on-Shannon.

Miss M'Coy presided. The members all took a very active interest in the discussions regarding the future of the Association, as well as the advantages which may accrue from being members of it. A draft of the rules was submitted, and after considerable discussion and amendments were adopted. Circulars and other communications were submitted to the meeting from societies formed to support State registration of nurses, and the matter of dealing with them was referred to the new Council.

The President, at the close of the meeting, thanked the members for having elected her to that position, and promised that everything should be done to make the organization a great success. They had already on their books over two hundred members, and inquiries regarding its objects were constantly being received. She trusted that every Catholic nurse in Ireland would become a member of the Association. It was not organised in a spirit of rivalry to any other society, but inasmuch as nine-tenths of the nurses in Ireland were Catholic, she thought it was just as well that they should have an Association to safeguard their own interests. The entrance fee was only 1s., and the energetic secretary, Miss M'Loughlin, would be very happy to furnish any information regarding its objects.

The President dealt at very considerable length with the question of State Registration, as well as the intricacies of the State Insurance, her address being very highly appreciated by the members present.

## A RIBBON AND BAR.

The British Red Cross Society has assented to the numerous representations which have been made by the branches that some recognition should be accorded for further successes at Red Cross first aid and nursing examinations. A ribbon and bar will be granted for certain examination successes in conformity with the procedure laid down, and additional bars will be conferred on the holders of these in respect of future successes. There are now in existence 1,063 Red Cross detachments with a personnel of 31,394.

## DATE OF THE COLOGNE CONGRESS.

We are informed by Sister Agnes Karll, President of the International Council of Nurses, that the Nursing Congress at Cologne will open on the morning of August 5th next. The ceremonial of the International Council will follow the precedent of the London meeting in 1909, which was enthusiastically approved. In the historic *Güzenich*, which contains a magnificent organ, each country, when affiliated, will enter the International Federation to the inspiring sound of its own National Anthem, and twice at least we shall listen to our own, when the nurses of India, and of New Zealand, forge two strong links in the international nursing chain.

Great Britain and Ireland is going to give all possible support to Germany upon this great occasion.

The German nurses are determined to present the Nursing Pageant as finely as possible. We are glad to hear that several of our most splendid heroines will appear in the processions.

France ought to send Blessed Joan of Arc. She not only led warriors to victory, but visited and comforted them in hospitals when sick and wounded.

## LECTURES TO NURSES.

Four lectures for Hospital Nurses, arranged by the Nurses' Missionary League, will be given on Tuesday mornings in February, from 10.30 to 11.30, at University Hall, Gordon Square, W.C. (Doctor Williams' Library). February 6th: "How to Study the Bible; (1) The Bible as a whole," by Miss J. Macfee, B.A. February 13th: "Medical Work in a Chinese Country Station," by Doctor Norah L. Bryson. February 20th: "How to Study the Bible; (2) Detailed Study," by Miss J. Macfee. February 27th: "Medical Work in the Capital of China," by Doctor Cochrane. There will be an opportunity for social intercourse before and after each lecture.

## MATERNITY NURSES' CONCERT.

The Penbridge Concert Party are kindly giving an entertainment in aid of the Trained Maternity Nurses' Association at All Saints' Hall, Powis Gardens, Notting Hill Gate, W., on Monday, Feb. 12th. The price of tickets is—Reserved, 2s.; unreserved, 1s. Admission 6d. Doors open 7.30 p.m. Commence 8 p.m. Carriages 10.30 p.m. Further particulars can be obtained from the Secretary, T.M.N.A., 33, Strand, W.C.

## APPOINTMENTS.

## LADY SUPERINTENDENT.

**West Kent Hospital, Maidstone.**—Miss Kathleen Smith has been appointed Lady Superintendent of the West Kent Hospital, at Maidstone. She was trained at the Essex and Colchester Hospital, and at the Royal Hants County Hospital, Winchester. She was sister at the Colchester Hospital for six months, subsequently Theatre Sister at West Norfolk Hospital, Kings Lynn, Ward Sister and Assistant Matron at the Royal Hants Hospital, and for the past three years has held the post of Housekeeper at the Leicester Infirmary. Miss Smith is Matron of the 5th Southern Territorial Hospital.

## MATRON.

**Hospital for Tuberculosis Children, Gringley-on-the-Hill, Notts.**—Miss Florence Burgess has been appointed Matron. She was trained at the Blackburn and East Lancashire Infirmary, and has held the position of Sister at the District Hospital, West Bromwich, the Stafford General Infirmary, and the General Hospital, Nottingham, from which Institution she was selected for the present post. This is a most enviable post. It is most beautifully situated and equipped.

## ASSISTANT MATRON.

**Shirley Warren Infirmary, Southampton.**—Miss Mary Ann Cairns has been appointed Assistant Matron. She was trained at the Union Infirmary, Greenwich, where she has held the positions of Sister, Midwife, and Night Superintendent. She has also been Home Sister at the City Hospital, Newcastle-on-Tyne. She is a certified midwife.

## SISTER.

**General Hospital, Nottingham.**—Miss Agnes Johnson has been appointed Sister. She was trained at the Lincoln County Hospital; has for some time been in charge of a private hospital in Nottingham; and has, for the past two years, been Sister of surgical wards at the General Hospital, Chesterfield.

**The Royal Infirmary, Oldham.**—Miss Margaret E. Browne has been appointed Sister. She was trained at the Bury Dispensary Hospital, and has held the positions of Staff Nurse, Theatre Charge Nurse, Sister of Women's and Children's Wards at the Hartlepool Hospital, Hartlepool, Charge Nurse at the Broadstone Jubilee Hospital, Port Glasgow, and Staff Nurse and Temporary Sister at the Royal Infirmary, Oldham.

## THEATRE SISTER.

**The Royal Infirmary, Oldham.**—Miss Elizabeth Killingbeck has been appointed Sister. She was trained at the Seaman's Hospital, Greenwich, and has held the position of Sister at the Plaistow Hospital, E., and has been Theatre Staff Nurse at the Hospital for Women, Soho Square, W.

**NIGHT SISTER.**

**The Infirmary, Brighton.**—Miss Anna Ainsworth has been appointed Night Sister. She was trained at the Poplar and Stepney Sick Asylum, and has been Staff Nurse at the Royal Infirmary, Edinburgh, Sister at Croydon Infirmary, Night Superintendent at the Hospital, Northwood, and Sister at the Hospital, Dartford. She is a certified midwife.

**QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.**

Miss Ethel S. M. Forrester, Staff Nurse, resigns her appointment (Jan. 27).

**QUEEN VICTORIA'S JUBILEE INSTITUTE.**

*Transfers and Appointments.*—Miss Mary Barker is appointed to Neath; Miss Annie Richards to Neath; Miss Maud Taylor, to Wetherby; Miss Nellie West, to Leeds, Lovell Street.

**PRESENTATIONS.**

The poor in the West End of Leicester realise that they are losing a warm friend and helper in the departure for Australia of Nurse Powell, who has for 24 years worked there under the District Nursing Association. A farewell gathering took place recently at the Holy Apostles' Church Room, at which Nurse Powell was presented with a purse containing £30, with an inscription on a silver plate, recording the occasion of the gift from her patients and friends.

Nurse Powell, in a short and feeling speech, expressed her thanks, and her sorrow at parting with so many friends to whom she was deeply attached.

**THE PASSING BELL.**

Another of the little band of nurses who worked with Miss Nightingale in the Crimea has passed to her rest—Mrs. M. R. Morgan, widow of Lieut.-Colonel Evan Morgan, R.A., and daughter of Admiral Robert Winthrop. Mrs. Morgan, who died at Berne, Switzerland, was in her 94th year. During the Crimean War she was stationed at Scutari, and received a diamond brooch from the Sultan of Turkey, in recognition of her work. She lived in the reigns of six English Sovereigns.

We have received the following additional note to our recent report of the lamented death of Miss Kathleen Miller, the first Secretary of the Nurses' Missionary League. In the early days of the League's existence, it was often uphill work, but Miss Miller devoted her whole time and energy to it, and the League owes a very great deal of its advance to her untiring effort. Unselfishness was, perhaps, the key-note of her life; she was at all times ready to give of her best to anyone whom she could help. Before she became Secretary of the League, she had been a missionary in India; and in 1908 she returned to take up again this work which she loved. It was at her station in North India that she passed to her rest, in November, 1911.

**NURSING ECHOES.**

We hope all members of the National Council of Nurses are keeping open the date 15th of February for the meeting to consider ways, means, and methods for the part we are to take in the forthcoming meeting of the International Council at Cologne. The social side of the Congress will end with the presentation of the Nursing Pageant, in which Great Britain and Ireland should play a prominent part, as it was created and written by English women.

*The Standard (Women's Platform)* says that a French Suffrage Society has just been founded among hospital nurses. We like to see nurses coming out to help their sex.

A memorial service to the late Sir Henry Butlin, F.R.C.S., for so long a most popular member of the staff of St. Bartholomew's Hospital, was held on Monday last, at St. Bartholomew's-the-Less (St. Bartholomew's Hospital). Many of the sisters and nurses attended.

*League News*, the organ of the League of St. Bartholomew's Hospital Nurses, is most admirably edited by Miss H. Todd, Miss Latham, and Miss M. Sleight. The constant growth of the League, now nearing 700 members, makes a formidable list, and as each name and address is given, they form a personal link between all the graduates. In this issue collecting cards and subscription forms were inserted in support of the Isla Stewart Memorial Fund, to which, it is hoped, there will be an enthusiastic and generous response. Mrs. Shuter, the Hon. Treasurer, announces to December 31st—annual subscriptions £40 6s., and donations £37 1s. 11d. For the purpose of endowing a scheme for the higher education of St. Bartholomew's Nurses, the sum of £3,000 is to be collected, if possible.

Two new posts have been created at the hospital. A Sister, Miss H. G. Liell, will superintend the special departments on the second floor of the Surgery. And, considering the enormous increase in the attendance of out-patients, from 4,000 a few years back to 7,000 weekly, it was time Sister Surgery's duties were lightened. The other new post is that of Assistant Day Superintendent, now held by Miss E. M. Hunter, who, as reported, is the member selected as Fraternal Delegate to represent the League at the Cologne Congress. Miss C. Longley has been appointed Sister of



Charity Ward, and Miss H. Scrase Sister of Kenton.

The enquiry by Mr. W. P. Ellis, Local Government Board Inspector, into the circumstances attending the resignation or suspension of probationers at the Fusehill Workhouse Hospital, Carlisle—the outcome of the friction between the Superintendent Nurse and the subordinate nurses—is now closed. The nurses concerned were the Superintendent Nurse (Miss Mary Kervin), Charge Nurse Todhunter, Acting Charge Nurse Cole, represented by Mr. J. G. Lightfoot, and Probationer Nurses M. Y. Ashley, J. Ashley, Dinsley, Armstrong and Reside, represented by Mr. D. Main. They, after complaining to the Clerk of the Guardians, left off work without notice.

Mr. Main, for the probationers, began to cross-examine a guardian as to the Board's inability to obtain a Charge Nurse, when the Inspector said that they could not get nurses anywhere in the country, so that evidence would not help Mr. Main's case.

Dr. Hall, the Medical Officer, stated that no complaints had been made to him. He was satisfied with the work of the Superintendent Nurse and the Charge Nurses.

The probationers, who were examined at great length, complained generally that the Superintendent Nurse had shown a want of sympathy with them in their work, and that they had not been properly instructed. Miss Mary Young Ashley stated that when she was engaged, the Superintendent Nurse told her whatever the Charge Nurse said about them they must not speak or defend themselves.

Miss Dinsley stated that in the course of nursing a case she contracted a disease on her hands, and on reporting the matter to the Charge Nurse, Miss Todhunter, the latter said that if she had such a filthy dirty disease she would drown herself or put an end to herself in some way. Later, the Superintendent gave her some ointment for them, but she was never allowed to be off duty, nor did the Medical Officer examine her hands.

An extraordinary incident occurred when the Superintendent Nurse was on her way to give evidence. A number of women inmates collected on the path and booed and bawled at her. Ultimately the police were called in, and six of the ringleaders were arrested and taken into custody.

The Superintendent Nurse described the circumstances under which the probationers sent in their resignations. She thought she had a fairly good temper, and was generally very friendly to the nurses, whom she helped and assisted.

When the probationers left, two of the Guardians came and gave her a great deal of abuse. The Inspector rightly pointed out that the Local Government Board Regulations did not authorize individual Guardians to give advice or say anything to officers. It would be well if this rule were observed.

We await with interest the decision of the Local Government Board.

In this country we are now quite used to seeing our nursing uniform in the dock, worn by criminals, usually very specious thieves, who may or may not have had a smattering of training; but it is a novel sight to see a gentle, calm-faced nun nervously fingering her rosary in court. The nun in question was Sister Candide, founder and manager of innumerable large charity organisations in France, whose personal liabilities, due to the collapse of her undertakings, are estimated at £608,000, with assets of £120,000. Sister Candide is charged by two Paris jewellers, from whom she is alleged to have purchased jewels which she immediately sold at considerable loss to meet pressing liabilities.

The question of the nursing of native patients by white nurses in South Africa is one round which a considerable amount of discussion has recently centred. The general opinion of the most earnest nurses and of medical practitioners seems to be that the question of "the black peril" does not enter into the situation. At a meeting of the Kimberley Hospital Board, when Councillor Pratley took the opposite view and proposed that a committee be formed to go into the matter, Dr. Mackenzie spoke strongly on the subject, and said:—

"The suggestion of Mr. Pratley's that the native mind was evilly affected by the treatment of European nurses was entirely wrong, according to his experience, and he had had a life-long experience. The working by white nurses on the mind of the native patients was one of the most likely things to prevent any such thing, and to remove it outside the realm of possibility altogether. The class of native who would commit anything of the nature of black peril would be the native who had never been inside a hospital and treated by a white nurse. He knew that was a fact, and on that point he would absolutely contradict Mr. Pratley at once."

A late Sister in the native surgical ward at the Kimberley Hospital also wrote to the press:—

"The whole time I worked in the Kimberley Hospital I experienced the greatest gratitude from both native and coloured patients (excepting

of course mental cases). . . . I have always found the women who cannot get obedience from native patients, or servants, are generally those who have no control over sick people, whether black or white, and therefore are unsuited for the nursing profession."

Miss M. E. McCalmont, R.N., a Hospital Specialist and consultant, makes a strong plea in the *American Architect* for co-operation in hospital planning. Few people will be able to controvert her arguments. Thus: No hospital is successfully constructed for the benefit of the patient unless also constructed for the comfort and convenience of the entire *personnel*. No patient is receiving fair play from a hospital which has faulty working machinery, where jars, breakdowns and confusion are liable daily.

In view of this the question is pertinent: *Are our hospitals practical from a working standpoint?*

"Who is to answer this, the architects, trustees and doctors, or the superintendents and working staffs?"

Miss McCalmont's view is that the architect may be competent to pass upon all the details of hospital construction and finish, but he cannot be expected to know the details of hospital management sufficiently to cope with its peculiar and practical needs. The trustees may be able to recognize smoothly running hospital machinery, but how can they from casual visits locate inconveniences which may occasion daily confusion? The doctors may know whether their orders are carried out and their patients improving, but how can they know, if patients are uncomplaining, that lack of improvement may be due to sleepless nights caused by noisy banging doors, crying babies who should always be in sound-proof rooms, or the too near proximity of utility rooms, bathrooms or diet kitchens, or that they get cold meals because the diet kitchen is not planned for efficient service?

If nurses and superintendents were consulted there would be fewer diet kitchens, with their inevitable noise, next the wards, a reasonable number of sound-proof isolation rooms, and properly guarded windows would be asked for, the ice-box would not be next to the gas stove, and the meat blocks would be near the cold storage. Nurses as well as doctors would have adequate dressing-rooms, lockers, shower baths, etc., in an operating pavilion, and instrument cases would not be placed in the sterilizing room.

Friendly co-operation between architects, heads of hospitals and heads of departments would, Miss McCalmont believes, result in an

institution both beautiful and serviceable, intelligent in detail, and adapted in every requirement to the great purpose of efficiently caring for the world's afflicted.

The letter of "A Hospital Matron" on "The Admission of Venereal Cases to General Hospitals," addressed to the *Lancet*, deserves the serious consideration of her colleagues. She writes referring to a paper by Lieutenant-Colonel C. H. Neville, suggesting that special arrangements and wards should be provided for these cases in general hospitals, pointing out that the nursing has not been considered, and that a special staff of trained male and female nurses would have to be provided and maintained. On this point, she writes:—

"A well-paid staff of well-trained women would also be required, for it would not be justifiable to force young probationers to nurse in the venereal wards as part of their training in order to get their certificate. Nurses who enter small-pox hospitals or volunteer as plague nurses do so with full knowledge of the risks they run. The ordinary well-brought-up girl of from 20 to 25, the usual age at which probationers enter hospitals, is ignorant of the existence of venereal diseases and of the horrible consequences of contracting it, and certainly should not be exposed under compulsion and in ignorance to such a vile contagion." Also the daily visit to the wards of students and doctors is on quite a different plane. The nurse "has to live all day and every day, from seven in the morning till nine at night (except for two off duty hours and meal times) in the offensive atmosphere of a ward of syphilitic patients, during which time she is constantly performing details of nursing which bring her into contact with infectious discharges, and which in many cases it is not possible to carry out with the gloved hand."

"The mental as well as the physical atmosphere must also be considered, and the forced daily companionship of fallen and vicious women is a strain entirely unsuitable for a young probationer to be subjected to. No real nursing can exist where the patient's personality is treated as non-existent and the area of disease alone is considered. You cannot nurse the disease and ignore the patient suffering from it. Mind and body are too interdependent. It is difficult for a young girl to overcome the horror and repulsion following the knowledge of sexual vice and its results, and to feel anything but disgust for its victims. . . . So for the patient's sake, as well as for the probationers, a staff of specially qualified women would be needed."

## REFLECTIONS

FROM A BOARD ROOM MIRROR.

The Treasurer of University College Hospital has received donations of £700 from Sir Ernest Cassel, and £100 from the Hon. F. H. Baring towards the general fund of the hospital.

The fortieth annual Central Poor Law Conference will be held on February 13th and 14th, at the Holborn Hall, Gray's Inn Road, Mr. Charles Booth, F.R.S., presiding. The Mayor of Holborn (Mr. Walter Hazell) will open the proceedings.

Papers on "The Poor Law and the National Insurance Act" and on "The Poor Law and Old Age Pensions" will be read on the first day.

On the second day "The After-care of Poor Law Children" will be considered. Papers will be read by Miss G. R. Egerton, on "The Girls' Friendly Society," by Miss Dalglish on "The Metropolitan Association for Befriending Young Servants," and by Mr. Henry F. New on "The Association for Befriending Boys," and Dr. John Grimes on "The Emigration of Poor Law Children."

Dr. W. D. Moore, the medical superintendent of the Holloway Sanatorium, Virginia Water, has been the recipient of a silver salver, towards the cost of which nearly three hundred members of the staff, past and present, subscribed, in recognition of the twenty years' service he has given to the institution.

The Goldsmiths' Company have granted £10,000 to the building fund of King's College for Women, and £5,000 for the endowment fund of Bedford College for Women.

The annual report of the Aberdeen Eye Institution, presented by Dr. A. Rudolf Galloway, states "that during the year contagious ophthalmia or 'pink eye' of school children has continued to bulk largely on the attendance register; 1,387 new cases were treated in children, and 496 in adults, 1,883 cases in all. The treatment of such a large number of noisy school children, the bulk of whom had to attend daily for two or three weeks, so seriously interfered with the ordinary work of the institution, that the Princes Street entrance had to be opened and reserved for them alone. In addition to this, the services of a School Board official had to be requisitioned to keep order; and the treatment of the cases, after the first visit and examination by myself, had to be taken in hand by Miss Boyd, in addition to her other duties."

## WELCOME HELP.

*The Society for State Registration of Nurses.*—The President acknowledges with many thanks the following donations: Anon., per Miss Breay, £2; Miss G. J. Challis, 2s.

*Nurses Protection Committee.*—Miss Eleanor Farrington, 5s.

## OUTSIDE THE GATES.

## WOMEN.

The final struggle for the enfranchisement of women is to be fought in bitter earnest during the next few months and, if we are to believe Lady Frances Balfour—and who should be in a better position to express an opinion on Parliamentary tactics—any hope of justice or even chivalry from our legislators is hopeless. In seconding a resolution in support of Suffrage at Richmond, on Saturday last, Lady Frances Balfour said: "I have seen politics too long, and Ministers come and go, to put the slightest trust in any one of them. They are all made of pie-crust, and what you have to do is to make them feel that it is to their interest to forward our interests, and that there is no peace nor rest for any of them until they have done justice to the people of this country." That is a bit of businesslike advice.

For unblushing trickery nothing could exceed the shifty methods to which anti-Suffrage politicians will descend and we are not surprised that the following resolution, proposed by Mrs. Fawcett, I.L.D., in the Brighton Dome, was passed with enthusiasm:

"That this meeting protests against the exclusion of women from the Government Reform Bill, regards the proposal to single out woman suffrage for the application of the referendum as a discreditable trick to defeat votes for women, and confidently anticipating that during the session of 1912 the House of Commons will pass the measure for the enfranchisement of women, pledges itself to use every effort to secure that result."

Mr. Lloyd George has described a referendum as "a costly method of denying justice!"

It is refreshing to turn from all this hideous intolerance to affairs of Scandinavian women. A Bill has lately been drafted to give Parliamentary votes to women in Sweden, and both sections of the Storting in Norway have adopted a Bill admitting women to appointment as public officials. Both Bills will be sent to the Kings for their assent. Women are already enfranchised in Norway—so that our Queen Maud reigns over a free people. Let us hope that long before the Crown Princess of Sweden, another English princess, comes to the throne, Swedish women may also enjoy the same dignity.

Mlle. Sarah Monod, of Paris, has received the Grand Cross of the Legion of Honour, in recognition of her work as President of the National Council of Women in France.

The Lady Mayoress (Miss Crosby) attended a drawing-room meeting of the British Medical Benevolent Fund Guild last week at 100, Harley Street, and promised to hold a ladies' meeting in the Mansion House to make the work of the Guild better known.



## THE SEVENTH MARCHIONESS OF RIVIÈRE.

A PSYCHICAL INTERLUDE.

(Continued from page 76.)

INSTINCT THE INFALLIBLE.

The Duchess sent her letter by hand, thus it was impressed with a *cachet* mere passage through the post, fingered by the casual, could never have conferred upon it. As Andrea held it between finger and thumb she perceived it to be a missive deserving of delicate handling; like the wing of a dove, it was softly grey, the strawberry leaves embossed in silver. To have inserted her finger under the flap, and thrust it rudely open was not to be thought of—so she rose from the deep window seat where she had been dreaming in the sun, and with an ivory knife opened it with as little injury as possible.

The sheet when exposed contained but a few lines, and informed her in the third person that the Duchess of Beauvais would call upon Miss Carillon on the afternoon of that day, to convey to her in person the ducal condolences upon the death of her esteemed father—who was held in such sincere respect, not only throughout the district—but by the Party of which he had always been so distinguished a member. Furthermore if not quite convenient and agreeable for Miss Carillon to receive her, the Duchess would be pleased to receive a reply to that effect by bearer. A stately and gracious communication, clearly inscribed, yet it rested on the girl's lap for quite five minutes before she rose to reply to it. Then she answered that she was deeply sensible of the courtesy extended to the memory of her dear father—and contrary to instinct the infallible—she added that she would await the visit of the Duchess at her own pleasure.

\* \* \* \* \*

A few hours later she heard the swift whirl of carriage wheels through the village street—and saw a little lady descend from a magnificent barouché at the garden gate. A little lady who came stately and slow along the flagged path leaning on an ebony stick. To receive her at the open hall door had been Andrea's intention—but physical weakness made instant appeal to her heart—so she ran out, and awaiting no greeting, she offered her strong young arm to the feeble figure—and guided her guest into the grey parlour, where, seated on the Hepplewhite couch—nothing could have been more harmonious than her silvery satin gown and bonnet, and black lace scarf.

"A very great little beautiful lady," thought Andrea.

"A dangerously lovely, fateful creature," surmised the Duchess.

After an exchange of social courtesies they took tea together, then the Duchess suddenly asked:

"You know why I came?"

"In part," the girl replied directly. "You are mystified—you want light—I will help you all I know."

The Duchess drew aside her voluminous skirt "Come and sit beside me and let me hold your hand," she said—"it is a very vital hand—I want to speak with you without reserve—and my confidence to be sacred between you and me."

Andrea came and shared the sofa, she took the beautiful bejewelled hand held out to her and clasped it between her own brown supple palms.

"Now tell me" she said softly,

"It is about my children I would speak," said the little lady wistfully—"my twin sons—both ardently loved—so alike in feature—yet so essentially unlike in temperament. Two splendid bodies—yet one only in soul. My dear first-born, for ever mourned, was a man of marvellous mentality, chivalrous, a patriot, poet, artist, and a lover of mankind. His brother—before all things a man of affairs—most generous—kind, the soul of honour—one the complement of the other, and most devotedly attached. Of that most awful, swift and appalling death—no mother must speak—such things are in the hands of God, time may bring solace—everything passes—but there seems no solace anywhere—no rest, and I have come to you for help—"

Bending her head, Andrea raised the pretty jewelled fingers to her lips and kissed them.

"Why?" she asked.

"Because of the picture—it was not only a supreme artist, but a great lover who painted your portrait."

Andrea rose and stood looking down at the Duchess, her eyes calm and luminous.

"I know nothing of it," she said—"once only in this life I met Lord Rivière—years ago—"

"And—?"

"A few times we have met in dreams."

"You loved my son?"

"Ah! Yes, indeed—indeed," answered Andrea "I loved him instantly—absolutely—then—now—for ever and for ever. There is no power can coerce my soul in its loving."

"That is so" sighed the Duchess, rising—"you may flee into the desert—or to the eternal snows—your body may be eaten of worms—and your soul descend into Hell—yet will his soul follow after, and find joy of you. That is the Law. *Already my first-born has come out of his grave—* And now, dear child, give me your strong arm, there is power in it. Take me to my carriage. I am very feeble."

"Remember" said Andrea at parting "all I can do, I will do—to save others sorrow. It is well with me—love is mine."

The prancing horses stepped high and bore away the great little lady.

Andrea closed the gate—and turned towards the setting sun.

ETHEL G. FENWICK.

(To be continued.)

## BOOK OF THE WEEK.

## IN A COTTAGE HOSPITAL.\*

"In a Cottage Hospital," by George Trelawney, is a terrible picture of the conditions which are possible in a hospital where the discipline is lax and the welfare of the sick a secondary consideration. The author states that the story which he relates was told to him by a broken-hearted mother whose son died in South Africa during the Boer War, and that the medical details were mostly obtained from a carefully-written account which the unhappy young doctor had himself compiled whilst actually in the hospital where the tragedy of his life took place.

We have read this book very carefully before bringing it to the notice of our readers, and we can only say that the picture of corruption, neglect and immorality which it contains is appalling; and if such things are possible in any public institution at the present day—and we sincerely hope that the conditions are an exception, and not a type, as the author appears to think—then they constitute the strongest possible plea for the State Registration of Trained Nurses and the establishment of a governing body, which will amongst other things maintain discipline in the nursing profession.

The story opens with the advent of the new house surgeon, Dr. James Kargill, to his first charge, that of the Rebley Cottage Hospital, where he arrived late at night, cold and weary, when "something hot to drink, and a comfortable bed, were imperative and pressing wants."

The first was supplied by the stout Matron, Miss Burroughs, who herself brought his coffee, poured it out, volunteered to say grace, which irritated him, and gave him certain details of the hospital work, including the fact that the last house surgeon never interfered, and left her to manage nearly all the female cases. "He was very young-looking, you know, and working women don't like young men to interfere with them, do they? You will do as you wish, of course, but the women are used to me now," she concluded suggestively. She further gave him an account of the nursing staff, every one of them trained by her to a pitch of excellence. "It's so nice to have your nurses trained to do anything, and they all attend to their work and are so reliable, you know. . . . Above everything I like to keep them from any undue familiarity with the House Surgeon and members of the Staff. Some of them, I am glad to say, have fixed their hopes upon a higher life than this, and are truly spiritually-minded."

Nevertheless, Dr. Kargill's conclusion was right—"this woman is a humbug"—and from the hypocritical Matron, neglectful of her duties, careless of the charge imposed upon her in the

supervision of the nursing staff, and dominated by her infatuation for the odious and criminal—but apparently fascinating—old minister, to the youngest nurse, there appears not to have been one in the building with whom the attraction of sex was not the moving power. The committee were venal tradesmen, interested in supplying the hospital with inferior goods, including putrid meat; the visiting staff—numbering amongst them a criminal abortionist—for the most part regarded the nursing staff as women of easy virtue, and the nurses' sitting-room as a fast club where midnight suppers and other orgies were the rule; and seem fairly correct in their conclusions.

The new house surgeon had a fair sample of the propriety of the nursing staff on his first night, when tired out he at length essayed to turn into bed, by finding that the bed was of the quality known as "apple pie," and when he returned to the adjoining sitting-room, where he had left a fine fire burning, for a light, the fire had been extinguished by having water thrown over it. In the distance were faint sounds of whispering and suppressed laughter, then a sound of light footsteps, and a white figure in a dressing gown with long hair down her back and feet bare of any covering whatever came down the corridor, passed into his sitting-room, and applied her ear to the key-hole of his bedroom door. Startled by a cough from Kargill, she fled precipitately, slipped, and twisted her ankle, and that was the moment when his life's tragedy began. He seems to have fallen a victim to this Delilah fairly easily, but at least his love for her was deep and true, and its whole influence elevating; so that the end of the life of this frivolous sensualist, poisoned by the knowledge of former wrong-doing, was better than the beginning; though the wrongful means which she took to avert its disastrous consequences ended in tragedy.

The young house surgeon was, in fact, brought face to face with a hot-bed of iniquity, and try as he would he found reform impossible. When the clumsy instruments in the hands of an incompetent surgeon resulted in the death of a patient on the operating table, and he tried hard to get a more up-to-date supply, he found himself baffled by a dishonest secretary. The visiting staff, slack or worse, gave him no support.

The appalling story of the sailor who, devoted to his wife, returned to find her dead, and the subject of a post-mortem examination, to gratify the partiality of one member of the staff for "specimens"; the rowdy picnic, and finally the arrest on a murder charge of a member of the staff, are all graphically told—told with an earnestness which leaves the impression on the mind of the reader that the author believes in the truth of his story, and is possessed with the conviction that he has a mission to accomplish in cleansing the hospital world, as did Dr. Kargill the Rebley Hospital before he went forth to his death.

It is not a book for the young person, but it is a book to read.

\*By George Trelawney. (T. Werner Laurie, Clifford's Inn, W.C.)

## READ.

"The Life of John Henry, Cardinal Newman." By Wilfred Ward.

"What Diantha Did." By Charlotte Perkins Gilman.

"A Likely Story." By William de Morgan.

"Love Like the Sea." By J. E. Patterson.

"Jim Davis." By John Masfield.

"Garibaldi and the Making of Italy." By G. Macaulay Trevelyan.

"My Life Story." By Emily, Shareefa of Wazan.

## COMING EVENTS.

February 6th.—Irish Nurses' Association, 34, St. Stephen's Green, Dublin. Lecture: "Symptoms and Signs," by Dr. J. M. Day. 7.30 p.m.

February 7th.—The Royal Infirmary, Edinburgh. Lecture: "Some Hints and Observations on the Physiology and Treatment of Skin Diseases." By Dr. Gardiner. Extra-mural Medical Theatre, 4.30 p.m. Trained Nurses cordially invited.

February 7th.—Dickens Centenary. National Council of Nurses, "Sairey Gamp At Home." The Doré Gallery, 35, New Bond Street, London, W. Exhibition, Music. Refreshments, 8.30 p.m. Guests to be in character from the Works of Dickens. Tickets, Professional, 3s.; Friends, Non-Professional, 5s. Apply, Miss Cutler, Hon. Sec., St. Bartholomew's Hospital, London, E.C.

February 13th to 16th.—Gresham Lectures: "Sleeping Sickness" by F. M. Sandwith, M.D. City of London School, Victoria Embankment, E.C. Free to public, 6 p.m.

February 13th and 14th.—Central Poor Law Conference, Holborn Town Hall, W.C. Mr. Charles Booth, F.R.S., will preside.

February 15th.—National Council of Nurses of Great Britain and Ireland. Meeting—431, Oxford Street, London, W.; Cologne Congress Business, 3.30 p.m.; Tea, 5 p.m.

February 20th.—Irish Nurses' Association. Lecture "Labour Exchanges." By Miss Brown, B.A. 34, St. Stephen's Green. 7.30 p.m.

February 22nd.—Central Midwives Board. Caxton House, S.W. Meeting 2.45 p.m.

## A WORD FOR THE WEEK.

Drink less, breathe more, eat less, chew more, ride less, walk more, clothe less, bathe more, worry less, work more, waste less, give more, write less, read more, talk less, think more, preach less, practise more. To follow this advice is to strike for better health, further popularity, and greater success.—*New York Press.*

Life is made up, not of great sacrifices or duties, but of little things, in which smiles and kindness, and small obligations given habitually, are what win and preserve the heart and secure comfort.—*Sir Humphrey Davy.*

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

## OUR COMPETITION PRIZE.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—I thank you for the cheque, value 5s., which I received this morning. I also thank you for your courtesy in sending me this week's issue of THE BRITISH JOURNAL OF NURSING.

I am,

Yours very truly,

A. MARGARETTA CAMERON.

## CONCLUSIVE PROOF.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM—If the report of the Nurses' Protection Committee, in relation to the National Insurance Bill, printed in your last issue, does not rouse nurses to some sense of professional and personal responsibility—nothing will. It is almost incredible that from beginning to end, trained nurses have been denied a hearing by the Chancellor of the Exchequer on a National Health Bill—and that "trained" nursing is not even mentioned in an Act which is to give medical benefits to millions of insured persons. Compare the condition of medicine and midwifery under the Act—with that of nursing. In spite of the discontent of these practitioners—the Act cannot employ quacks in either calling, because they are registered—but there is nothing to prevent Insurance Committees employing Holt-Ockley and other inefficiently qualified nurses. Indeed, as these most ignorant women could not get work at all, unless they undersold skilled nurses—it is probable that, as they are cheap—they will be employed almost entirely under the Act. In speaking with an active public-spirited matron the other day, she exclaimed, impatiently, "Whatever happens, trained nurses are themselves to blame—just so long as bad conditions do not touch themselves—just so long will they stand aside—taking them altogether, trained nurses are devoid of professional conscience; I'm tired of working for them."

Yours truly,

SUPERINTENDENT.

## ON THERMOMETERS.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—I notice a couple of lines in the report of Dr. Willey's Paper on "Instruction to Nurses in regard to some aspects of venereal diseases" which urge me to write upon a subject which I have had in my mind for some time, namely, thermometers.



Dr. Willey, in regard to the special dangers of these diseases, and the means by which infection may be conveyed, mentions the necessity for "the routine disinfection of thermometers used for various patients." I think this is a warning nurses should take to heart, for the disinfection of thermometers is frequently most perfunctory. It is not so many years ago since the same thermometer was used indifferently round many wards, whether the temperature was taken under the tongue, in the axilla, or in the rectum. Then someone less conventional, more thoughtful than the rest, realised the exceeding nastiness of the practice, and thenceforward the more particular nurses kept separate thermometers for the three things. But how about the thermometers which go from mouth to mouth? Is a thought given to the danger of conveying the infection of secondary syphilis by this medium? The "disinfection" of thermometers used round a ward morning and evening is most perfunctory. We all know that if they remained in a disinfectant three minutes between each case the temperatures would not be taken in the required time.

Yet how do we know what cases of secondary syphilis may be amongst the patients, with infectious ulcers of the mouth? It is the usual practice now to take temperatures under the tongue, but I think we should revert to the temperature in the axilla, unless there is any decided reason against it.

Yours faithfully,

A PRACTICAL PERSON.

### THE POWER OF THE PRESS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It is strange that grown women (as probationers are) can allow their own individuality to become fallow. I, too, was trained in a hospital where we were taught to believe that *The Nursing Record* (now THE BRITISH JOURNAL OF NURSING) was not worth reading. Another journal was provided for the nursing staff. I can't quite say what our ideas as to the owners of the name of "Fenwick" were, but we were sedulously taught that they were not friends of nurses, and, of course, I firmly believed as I was taught. I had left hospital some years when you kindly sent me two copies of *The Nursing Record*. I liked it and subscribed. I went to the Paris Congress with mingled feelings; my late Matron was very much surprised, and more so when I went also to the London one; she'll think me hopeless after this year, for I'm going to Cologne. I got a good deal of nonsense shaken out of my mind, and I most certainly think that nurses, when they leave hospital, should open out and shake off professional prejudices, by finding out for themselves about things and people, and joining any society they wish to. There is one question I should like to ask, which, perhaps, you would be good enough to answer in your columns: Is it necessary to

be a nurse in order to be a member of the State Registration Society?

Yours truly,

Co. Down.

A DISTRICT NURSE.

[All reformers have to run the gauntlet of misrepresentation—and the majority of people are not sufficiently pachydermatous to tolerate it. We are pleased to have sent you those two journals—they evidently fell on fruitful ground.]

Only nurses with three years' hospital training are eligible for membership of the Society for State Registration of Nurses—but should the Nurses' Registration Bill become law, no injustice will be done to nurses in practice. It provides for a term of three years' grace, to enable all who can prove by experience and good character that they are entitled to register. After the passing of the Bill, some years must elapse before standards of training will begin to raise the whole profession to a sound minimum standard. The sooner we begin to organise—the sooner the sick will have a guarantee of efficiency in nursing.—ED.]

### REPLIES TO CORRESPONDENTS.

*Sister, Dublin.*—You are quite right to wish for an Approved Society of Women Nurses only. Do not believe anyone who states that it will be better for nurses to join a society which admits men. First: the majority of insured men are of the working class, whose requirements are quite different to the benefits best fitted for trained nurses. Then men get 10s. 6d. a week, whilst women only get 7s. 6d. Nurses, as single women, are compelled to insure for *maternity benefit*, which they will not require—so that surplus can be used for other benefits; but if insured with men, a portion of their surplus may be requisitioned for this and other purposes. Nurses should keep the management of their own money in their own hands—the determination with which men are demanding the right to manage their money for them proves the necessity for personal interest in the matter.

### OUR PRIZE COMPETITIONS FOR FEBRUARY.

*February 10th.*—What do you mean by obstructed labour, how would you recognise it, what may cause it, and how would you deal with such cases?

*February 17th.*—Enumerate the principal reasons for the decrease in infant mortality in recent years. How can trained nurses and midwives assist in securing a continual decrease?

*February 24th.*—Mention any methods with which you are acquainted for making doses of disagreeable drugs as palatable as possible.

### PRIZES FOR NURSING HANDICRAFT

(See page ii. of Cover).

# The Midwife.

## THE CARE OF PREMATURE INFANTS.

### I.

#### DRESSING THE INFANT.

Infinite care and patience are necessary for the successful rearing of small premature infants. The care must begin at birth and continue sometimes for a very long period.

As soon as the baby is born it should be kept warm until the cord is cut. A warm bath should be ready, and the baby put in for a few seconds. No unnecessary time should be spent in removing the vernix. If the child is well powdered the vernix will come off of itself. After the bathing, drying and powdering are completed, the child must be suitably dressed. The clothes provided will be too big (I am supposing the infant to weigh about 2 to 4 pounds), so it rests with the nurse to improvise clothing.

After the cord is dressed a binder is necessary. A strip can be torn off either from the binder provided or from a piece of new flannel, which is procurable in most houses. It is unwise and unnecessary to use pins. If the binder is put on lower than usual and, when in place, turned smoothly up at the lower edge, it will keep quite secure.

A very convenient little dress can be made out of about half a yard of gamgee tissue, as follows:—

Warm the piece of gamgee, cut a semicircle out for the neck at one of the selvages, cut two slits, one at each side, about two inches down, parallel with the edge in which the neck-hole is cut; the pieces above the slits make the sleeves. Then slip the hand in at the cut edge and divide the thickness of the wool equally (the warming makes it divide easily). The baby can then be put in, its head going through the neck-hole. A few stitches at the shoulders and down the sleeves will secure and fit the top of the dress. Then the front corners below the sleeve slits should be tucked round the child towards the back, under the arms, and the back corners brought together in front and stitched. An extra piece of gamgee or wool can be used as a napkin, and this can be changed when necessary from the side of the dress without much disturbance.

The dress being complete, the baby should be loosely wrapped in a warm blanket.

The great thing is to keep the child in a warm, even temperature, and a very good plan is to put a pillow-case on a pillow, lay the baby on the pillow inside the case, putting a woollen wrap round its head, which is the only part visible. Later, when the nurse has more time, a flannel pillow-case could be made to open at the side for extra warmth and convenience, also a batiste covering for the pillow.

By this method the baby can be taken up from its cradle on the pillow without disturbing or chilling it.

R. M. B.

## THE LEEDS MATERNITY HOSPITAL.

At the Annual Meeting of the Leeds Maternity Hospital, held last week in the Lord Mayor's apartments at the Town Hall, the Lord Mayor (Mr. William Nicholson) presided. The report, presented by Mrs. Robert Hudson, stated that two new branches had been opened, mainly owing to the generosity of the Misses March. With respect to the educational side of the work it was stated that thirteen midwives had been trained during the last six months, and twelve had obtained the Central Midwives Board certificate. Two maternity nurses had also received training. At present there were ten midwifery pupils and two maternity nurses in training. During the half-year the Investigation Committee had dealt with 358 cases. If the hospital was to be maintained in the same degree of efficiency as hitherto, the income must be increased considerably, and more ladies must come forward to assist in official capacities.

The Lord Mayor, who moved the adoption of the report, said that the poorer classes were constantly employed in earning their own living, and many of them had neither the time nor the knowledge to get the best out of life. It should be the duty of those in better circumstances to teach them how to live. Voluntary workers should remember that they had to deal with the greater part of the population, and that however wealthy they might be, even if they gave the whole of their wealth away tomorrow, they would do very little good. The only chance for this country, that he could see, was to educate the people themselves, in order that they might help themselves.

## CENTRAL MIDWIVES BOARD.

A special meeting of the Central Midwives Board was held at the Board Room, Caxton House, Westminster, on Friday, January 26th, for the purpose of hearing charges alleged against twenty certified midwives. Eighteen were dealt with on Friday, and the remaining two on Tuesday, January 30th, with the following results:—

### STRUCK OFF THE ROLL AND CERTIFICATE CANCELLED.

Elizabeth Bibby (No. 19,487), Mary Ann Carr (No. 15,603), Ellen Gaskell (No. 6,646), Ellen Gould (No. 898), Elizabeth Hodgkinson (No. 7,676), Ann Hole (No. 18,452), Florence M. Magor (No. 27,774) (this midwife was charged with negligence in three cases of ophthalmia, one resulting in total blindness. This midwife (who has passed the Board's examination), working in conjunction with her aunt, took the infants to her for advice, and did not advise medical treatment. She admitted that she in two of the cases "slightly expectorated" into the children's eyes each morning to rub out the "sleepy dust." This "filthy habit," as the Chairman called it, she said she learnt from the midwife in the hospital where she was trained), Marie Ozun (No. 17,699), Emily Susannah Plumb (No. 231), Sarah Reed (No. 14,239), and Margaret Morgan (No. 11,366).

### SEVERELY CENSURED.

Mary Jane Haines (No. 7,549), Eliza Mercer (No. 26,846).

### CAUTIONED.

Grace Lingard (No. 20,390), Mary O'Callaghan (No. 17,128). Resignation accepted, Jane Margerrison (No. 1,675).

## POST GRADUATE LECTURES TO MIDWIVES.

It has been arranged to hold a course of Post-Graduate Lectures to midwives at the Midwives' Institute (12, Buckingham Street, Strand, W.C.) in February and March. Dr. Fairbairn has kindly consented to give these lectures, the subjects of which are given below.

A visit to a Lying-in Hospital or Museum will be arranged during the course, at which Dr. Fairbairn will kindly conduct the midwives and give a demonstration.

It is hoped that midwives will avail themselves of this excellent opportunity of increasing and

bringing up to date their knowledge of the theory and practice of midwifery, especially those who are responsible for the instruction and training of pupils.

The Institute is particularly well equipped with demonstration apparatus and museum specimens, and these will be available throughout the lectures.

February 7th.—Lecture 1: Difficult Labour; recognition and management of face, breech, &c., protracted labour.

February 14th.—Lecture 2: The theories of eclampsia:—Thrombosis and embolism; white leg.

February 21st.—Lecture 3: Character of pulse, temperature, variations and general symptoms observed in difficult and complicated labours and in collapse.

February 28th.—Lecture 4: Uterine hæmorrhages, regular and irregular.

March 6th.—Lecture 5: Septic Infections.

March 13th.—Lecture 6: The development of the foetus, placenta and membranes.

The lectures will be at 6.30 p.m.

## MIDWIVES AND WOMAN'S SUFFRAGE.

A discussion on Woman's Suffrage will be held at the Union of Midwives' Offices, 33, Strand, W.C. (two doors from Charing Cross Station), on Wednesday, February 7th, 1912, at 3.30 p.m. when Miss Gladys Tatham will take the Chair, and Rev. C. L. Hunscliff will be the chief speaker.

## A GOOD DEPILATORY.

Where cases arise where it may be desirable to shave a patient without recourse to a razor, the *Journal de Médecine et de Chirurgie Pratiques* gives the following preparation as a good depilatory:—

Monosulphide of sodium	..	..	1 part.
Quicklime	..	..	1 part.
Starch	..	..	2 parts.
Water, a sufficient quantity to form a stiff paste.			

The monosulphide and the quicklime are to be separately pulverised. An intimate mixture is then made with the starch. The amount of water added must be gauged carefully, for too much water will give a thin paste of no value, while too little water produces a crumbly mass that has no depilatory action. The water should be added very slowly, until a mass of smooth, salve-like consistency is obtained. Before application, the patient must be thoroughly washed; all the longer hairs should be removed with a pair of scissors. The paste is then freely applied with a spatula forming a uniformly thin layer over the desired place. After five minutes, the salve may be removed with a sterile swab of cotton. The skin is to be thoroughly washed with sterile distilled water until all alkali is removed.



# THE BRITISH JOURNAL OF NURSING

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Vol. XLVIII

## EDITORIAL.

### OUT OF HAND.

The lack of discipline in many of the infirmaries and sick wards of workhouses—as revealed in constant reports in the public Press—point to the conclusion that the nursing staffs are out of hand in these institutions, which are under the control of the Local Government Board, and that further action is necessary to put an end to the frequent scandals which indicate the need for more effective maintenance of discipline amongst the nurses under the control of the Board, and for the better care of the sick; for, where discipline is lax, the sick are the invariable sufferers.

To mention some recent cases:—

(1) The strike of the probationer nurses at Fusehill Workhouse Infirmary, Carlisle. We have already reported the main facts in regard to this case; but, on the point of discipline—or the lack of it—we wonder how Guardians expect discipline to be maintained if they invite insubordinate probationers out to tea (whether with justification or not, is not at present the point), and then return with them to the Infirmary, and give their superior officer “a good talking to” in their presence. Yet this is what actually occurred in connection with the Carlisle incident, as admitted by one Guardian (Mr. Rutherford) in his evidence at the Local Government Board enquiry.

(2) The strike of nurses at the York Union Workhouse—in this case on account of their dietary. They may or may not have been justified in objecting to the diet supplied to them. But the manner in which they gave expression to their grievances certainly indicates a lack of discipline. For instance, the nurses having refused their breakfast sausages, two links of sausages were subsequently found suspended from a gas bracket in one of the

wards bearing the inscription, “No further use for you,” which certainly was not the right way to give expression to their grievance.

Another instance of lack of discipline in a public institution is shown in the case of the Aberdare Hospital, under the Aberdare District Council. Two of the nurses suddenly abandoned their duties; the first, Nurse Owen, calling upon the Medical Officer of Health, and at once consenting to submit in writing the charges she preferred against the Matron, Mrs. Knight.

Two days later, Nurse Templeman also left her work. She was asked to go on night duty that night (Saturday), but pleaded an engagement for an hour, but agreed to go on duty on her return. This was not acceded to. She kept her engagement, but drove up the next night for the purpose of obtaining her luggage, when, it is alleged, the Matron hurled accusations against her of a defamatory character, asking the cabman if he were a married man, and accusing the nurse of an attempt to entice her own husband to her bedroom. This degrading incident was followed by the supposititious suicide of the Matron (which apparently was only a dramatic incident, as no ill results supervened), and a meeting of the Hospital Committee. As a result of what there transpired, the summary dismissal of the Master and Matron followed.

There is only one remedy for the disorganisation in the nursing profession, namely, the legal registration of trained nurses by the State, under a central controlling authority with disciplinary powers. In the case of the institutions under the authority of the Local Government Board, the formation of a Nursing Department at the L. G. B. Office, under the direction of a Matron-in-Chief, is urgently necessary; as well as an increase in the number of Nursing Inspectors.

## MEDICAL MATTERS.

## SEPTICAEMIA IN SCARLET FEVER.

The *British Medical Journal* reports that Hutinel describes a case of septicaemia in scarlet fever. In the first days of the fever symptoms of a severe intoxication presented themselves, especially a marked erythema. There were, however, no albuminuria, arthropathies, cardiac or pulmonary symptoms. The whole infection was implanted on the throat, nasal fossæ, and larynx, and to a slight extent on the lymphatic glands. The mucous membrane became gangrenous and sloughed. The child died, and on *post-mortem* examination the viscera, to the eye, presented no abnormalities save a certain degree of congestion. On microscopical examination, the thyroid, hypophysis, and suprarenal glands were inflamed, and all showed signs of hypofunction. Hutinel believes that the absence of function of these glands caused great lowering of arterial pressure and general asthenia, and paved the way for the appearance of the suppuration of the pharynx and larynx. He is strengthened in his opinion by the fact that Tixier and Troisier found on *post-mortem* examination, in a case of malignant scarlet fever, that the suprarenals were destroyed and the pancreas seriously affected. Basing his opinion on these facts, Hutinel considers that the treatment of individual cases should depend on the organ chiefly affected; if the liver is chiefly to blame, this organ should be treated; if the suprarenals, then adrenalin or extract of the whole gland should be administered, in addition to symptomatic treatment.

## A BACILLUS OF SCARLET FEVER.

The same journal, quoting from the *Arch. of Ped.*, 1911, xxviii, reports that Vipond, in a preliminary note, states that he has discovered what he considers to be the organism—a bacillus—of scarlet fever, which has the following characteristics:—(1) The bacillus was obtained from seven cases of scarlet fever; (2) it will grow on all ordinary media, growth occurring in  $3\frac{1}{2}$  hours; (3) it is to be found in the lymph nodes; (4) inoculation into five monkeys and two rabbits produced typical scarlet fever; (5) the same bacillus has been recovered from the lymph nodes in each instance, and the typical growth has developed on the different media; (6) the bacillus is a long one, with rounded ends, staining variably with Gram, and occasionally showing a beaded structure; (7) some cultures show oscillatory motility; (8) the organism produces spores.

## OUR PRIZE COMPETITION.

"WHAT DO YOU MEAN BY OBSTRUCTED LABOUR? HOW WOULD YOU RECOGNISE IT. WHAT MAY CAUSE IT. AND HOW WOULD YOU DEAL WITH SUCH CASES?"

We have pleasure in awarding the prize this week to Miss Gladys Tatham, Sherwood, Rockhampton Vale, Surrey.

## PRIZE PAPER.

By obstructed labour one generally understands a labour in which the child cannot be born naturally.

Signs and symptoms of obstructed labour:—

Pulse will be 120 or more.

Temperature will probably be raised.

The mother will complain of feeling ill and exhausted. She will probably be troubled with vomiting, and will look ill and anxious. Skin may be hot and dry, or covered with cold perspiration. Lips and tongue brownish. When examined abdominally the uterus will be found in a state of toxic contraction. There will be marked tenderness, and in severe cases Baudl's "ring" will be felt. Vaginally meconium may be coming away from pressure on the child. The vagina will feel hot, dry, and swollen. The cervix may be swollen, owing to pressure between the head and the pelvis.

The presenting part will be fixed, and there will also be a large caput succedaneum if it is a vertex presentation.

The chief causes of obstructed labour are:—

(i) Contracted pelvis; (ii) tumours, such as ovarian cyst, fibroid tumour, etc.; (iii) hydrocephalus; (iv) malpresentation, e.g. brow or transverse; (v) "locked" twins.

The midwife should send for medical aid immediately she suspects obstructed labour. While waiting for the doctor the patient should be kept as quietly in bed as possible; if necessary the bladder and rectum should be emptied to relieve the pressure. The general condition of the patient must be kept as good as possible under the circumstances; if she can take sips of milk or "Bovril," etc., so much the better. If the doctor is likely to be long and the pains are violent, an injection of morphia (one-sixth of a grain) might be given hypodermically, or an opium pill.

The results of obstructed labour to the mother are over-exhaustion, with consequent danger of post-partum hæmorrhage; also sloughing of the soft parts, caused by pressure on the tissues, with consequent stopping of the blood supply, and tonic uterine contraction, which, if unrelieved, will end in rupture of the uterus.

The results to the child of obstructed labour may be asphyxia, from pressure on the cord; moulding or dunting of the head; caput, or hæmatoma; fracture of the skull; and hæmorrhage, either between the bone and periosteum, on the membranes of the brain, or on the brain itself.

Obstruction is one of the most serious complications a midwife can have to deal with.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Sarah Compton, Miss Ellen Smith, Miss E. Douglas, and Miss G. Mayhew.

#### QUESTION FOR NEXT WEEK.

Enumerate the principal reasons for the decrease in infant mortality in recent years. How can trained nurses and midwives assist in securing a continual decrease?

### THE NURSES' REGISTRATION BILL.

The Nurses' Registration Bill, influentially backed, will again in the coming session be introduced into Parliament by its staunch friend, the Right. Hon. R. C. Munro-Ferguson, M.P. It is to be hoped that in spite of the somewhat distracting constitutional legislation with which the Government proposes to deal, some time may be found to consider this measure, so long overdue, of justice to trained nurses, and protection for the sick.

English, Scottish, and Irish nurses must not get disheartened in this prolonged fight for just professional conditions, but show that finest of all characteristics—determined tenacity of purpose where conscience is concerned, in the face of every form of interested opposition to what they consider right. That is the touch of fire which licks up and demolishes every obstacle—sooner or later.

During the past year the nurses have lost by death no less than three friends who last year backed their Bill—Viscount Morpeth, who succeeded to the earldom of Carlisle, and formerly member for South Birmingham; Sir James Gibson, who represented the Eastern Division of Edinburgh; and Dr. Rainy, formerly member for Kilmarnock Burghs.

New friends are ready to help us, if only the Premier can be persuaded to give time for the second reading of the Bill. All nurses interested should either write or get voters to write to the members of constituencies in which they live. Don't make the excuse that *one* does not count; *one* often spells victory or failure.

### TRAINED NURSES' PROTECTION COMMITTEE.

A Meeting of the Trained Nurses' Protection Committee was held at 431, Oxford Street, London, on Wednesday, January 31st, Mrs. Bedford Fenwick in the chair.

Before considering the Resolution on the Agenda passed at the Public Meeting of Nurses held at Morley Hall on the 18th January, the Chairman gave a short *résumé* of the work done by the Committee since its formation in July, and reported with regret that the amendments supported by trained nurses had, owing to the closure in the House of Commons, received no consideration, so that no provision had been made in the National Insurance (Health) Act for "trained" nursing of insured persons during sickness as a benefit. The Chairman then reported the result of the Public Meeting held to discuss the advisability of trained (and in training) nurses forming a Trained Women Nurses' Friendly Society, which had been ably presented in an Address by Miss Mollett, and which meeting had sent up a resolution to the Protection Committee, inviting it to draw up a scheme for such a Society. Miss Mollett's paper had been printed in THE BRITISH JOURNAL OF NURSING on 27th January, so that all were familiar with her arguments. The Chairman also reported the opinions of matrons and nurses on the subject. She pointed out that the Royal National Pension Fund Managers had, immediately the Bill was presented to Parliament, taken active steps to form an affiliated society to manage nurses' business, and now practically demanded a monopoly; but as only a limited number of trained nurses were insured in that Fund, there was a strong feeling upon the part of many independent nurses that they would prefer to manage their own financial affairs, as the Act gave them the right to do. There was no reason why both societies should not be formed.

Miss Mollett then proposed the following resolution, which was seconded by Miss Barton:—

"That the Trained Nurses' Protection Committee be invited to draw up a Scheme for the formation of a Trained Nurses' Friendly Society."

Miss Mollett pointed out that nurses were a very unique class as affected by the Act; that their relations to the medical profession was such that in the past the most skilled medical attendance had been most generously given to nurses, and that the relations of



doctors and nurses during sickness might not even under the Act be analogous to other classes of women workers; that little drain would be made on the funds of a Nurses' Society for maternity benefit, and that the profession knew its own particular needs, and could arrange for them in the most economical manner.

Miss Barton, in supporting the resolution, thought it should be made plain to the profession that in forming such a Friendly Society the most expert actuarial opinion was easily obtainable, and that under the Act the members would have power to appoint an expert committee of management, and skilled accountants and the best advice could be obtained as to investments, and that insured members only would have the power to vote.

The resolution was unanimously adopted.

#### THE TRAINED WOMEN NURSES' FRIENDLY SOCIETY COMMITTEE.

It was then agreed that, as the work of the Protection Committee was accomplished by the passing of the Insurance Act, it should temporarily be relegated to the shelf, to be summoned again if necessary in the future, and the work now be continued under the title of "The Trained Women Nurses' Friendly Society Committee," on the distinct understanding that its work would be of a tentative character; that it should communicate with the profession generally and bodies of nurses in particular; and that, should the response be sufficiently encouraging, an Approved Society should be definitely formed.

A most generous donation of £25 was then announced, per Miss Kathleen Burleigh, from Mrs. Percy Thompson, "in memory of Sidney Gilchrist Thomas," to start the work of the Society, and it was agreed to send the most grateful thanks of the Committee to Mrs. Thompson for her great kindness.

The following hon. officers were then unanimously elected:—

*Chairman*—Mrs. Bedford Fenwick.

*Hon. Organizing Secretary*—Miss Mollett.

*Hon. Recording Secretary and Treasurer*—Miss M. Breay, for whose work clerical help was to be provided.

It was agreed to invite the twenty-two members of the Protection Committee to form the nucleus of the Friendly Society Committee, with power to add to its numbers. Several ladies were then nominated to be invited to serve. The financial position was considered, and a plan agreed upon.

The meeting then terminated.

## PENSION SCHEMES FOR NURSES COMPARED.

*Asylum News* announced some time ago that the Committee appointed to consider a report on the best method of arranging pension schemes for the staffs of private asylums have obtained particulars from a number of first class Assurance Offices, and also from the Royal National Pension Fund for Nurses. That of the Commercial Union Assurance Company, Ltd., appears to give excellent terms, and published side by side with that of the Royal National Pension Fund appears to striking advantage.

In the specimen tables printed below the rates are calculated for a pension of £10, for the sake of comparison:—

#### COMMERCIAL UNION ASSURANCE COMPANY, LTD.

The Commercial Union are prepared to issue Deferred Annuity Policies on the lives of Asylum workers at the special net rates given below, provided a scheme be arranged for the whole of the staff of an institution:—

##### Net Yearly Premiums for Pensions of £10.

		Pension Age, 50.			
		Number of years			
Age next birthday.	premiums payable.			Men.	Women.
20	.. 30	..	£2 15 5	..	£3 1 0
25	.. 25	..	3 12 4	..	3 19 9
30	.. 20	..	4 18 2	..	5 8 2
35	.. 15	..	7 1 8	..	7 16 1
40	.. 10	..	11 9 10	..	12 13 5

		Pension Age, 55.			
		Number of years			
Age next birthday.	premiums payable.			Men.	Women.
20	.. 35	..	£1 19 1	..	£2 2 10
25	.. 30	..	2 9 7	..	2 14 6
30	.. 25	..	3 4 8	..	3 11 3
35	.. 20	..	4 7 10	..	4 16 9
40	.. 15	..	6 6 11	..	6 19 7
45	.. 10	..	10 5 8	..	11 6 3

The special rates quoted above are, strictly speaking, only applicable to Nurses and Attendants in Asylums; but the benefit of them will be extended to other members of the staff of an institution (*e.g.*, storekeepers, gardeners, &c.), if desired, provided these are only a small proportion of the whole staff for whom the scheme is arranged.

The pension will be payable in equal half-yearly instalments, the first falling due six months after attainment of the pension age, and a proportionate payment of the pension will be made to the date of death.

In the event of death or surrender before the pension age, the Company will return ALL THE PREMIUMS PAID ACCUMULATED AT 3 PER CENT. COMPOUND INTEREST.

On attainment of the pension age there will be a Cash Option of ALL THE PREMIUMS PAID

ACCUMULATED AT 3 PER CENT. COMPOUND INTEREST if preferred in lieu of the pension.

The Commercial Union has had considerable experience in arranging Staff Pension Schemes, and will be glad to give any assistance in their power to enable each institution to draw up the scheme best suited to its circumstances.

#### ROYAL NATIONAL PENSION FUND FOR NURSES.

The subjoined tables show the monthly and yearly premiums payable to assure an annuity of £10 a year commencing at the age of 50 or 55, males and females respectively.

Two-and-a-half per cent. compound interest, calculated from the day the first payment is received, will be allowed upon all returnable premiums withdrawn after two clear years, and the cost of administration deducted; this cost is fixed at five per cent. on the gross monthly premiums received. Nevertheless, a policy-holder never receives back less than the amount paid in, even though the cost of administration should amount to more than the two-and-a-half per cent. compound interest. After a policy has been in force seven full years, no deduction is made for the cost of administration—the two-and-a-half per cent. compound interest being allowed, as explained above.

##### Pension at 55.

Age next birthday.	Monthly Premium.	Yearly Premiums.	Payable for years.
20 ..	£0 3 10 ..	£2 6 0 ..	35
25 ..	0 4 11 ..	2 19 0 ..	30
30 ..	0 6 5 ..	3 17 0 ..	25
35 ..	0 8 8 ..	5 4 0 ..	20
40 ..	0 12 7 ..	7 11 0 ..	15

##### Female Rates for Pension of £10.

##### Pension at 50.

Age next birthday.	Monthly Premium.	Yearly Premiums.	Payable for years.
20 ..	£0 6 1 ..	£3 13 0 ..	30
25 ..	0 8 0 ..	4 16 0 ..	25
30 ..	0 10 10 ..	6 10 0 ..	20
35 ..	0 15 8 ..	9 8 0 ..	15
40 ..	1 5 4 ..	15 4 0 ..	10

##### Pension at 55.

Age next birthday.	Monthly Premium.	Yearly Premiums.	Payable for years.
20 ..	£0 4 3 ..	£2 11 0 ..	35
25 ..	0 5 6 ..	3 6 0 ..	30
30 ..	0 7 1 ..	4 5 0 ..	25
35 ..	0 9 7 ..	5 15 0 ..	20
40 ..	0 13 11 ..	8 7 0 ..	15

By request of members of the State Registration Society—who do not desire to be connected with any society whose officials are well known opponents of the registration movement—we have communicated with an absolutely independent business, the Commercial Union Assurance Company, Limited, and they have prepared an excellent scheme specially applicable to trained nurses. We hope to deal with the matter at an early date.

## NURSES OF NOTE.

### MISS HELEN SCOTT HAY, R.N.

The resignation of Miss Hay as Superintendent of Nurses of the Illinois Training School for Nurses at Chicago is recognised as an immense loss to the institution. During her five years' term of office, Miss Hay has done splendid progressive and constructive work for the school, which is widely appreciated. Miss Charlotte Johnson, R.N., writes in the monthly Report of the School Records that:

Miss Hay has accomplished what would seem to be the impossible, in the face of many difficulties. A broad vision, a sympathetic leadership, an unswerving faith in God and the right, together with an indomitable energy, have brought about remarkable development. Her clear, far-reaching vision has opened up new ways and means of accomplishing desired results. Her practical grasp of details has kept her in closest touch with every phase of the work of a great training school. Her sound judgment and common sense in dealing with the hospital administration have not only won for her the confidence of the warden and the staff, but she is consulted in matters of importance, and recognised as a woman of rare force and ability.

The scope of the training school has been greatly broadened during these five years. It now embraces the tuberculosis department; the skin and venereal departments; the children's annex; the detention hospital; which were not formerly in the hands of the school. These changes naturally make for the betterment of the general condition of the hospital. A social service worker has been installed as a connecting link between the hospital ward and the outside world, for the benefit of those in need of such help. A nurse is in attendance in the women's examining room on Wood Street.

Many improved conditions in the physical care of the nurses have been brought about. The Nurses' Home has been much enlarged and made thoroughly sanitary, the rooms newly finished and furnished. Beautiful new baths and many lavatories are found on every floor. The increased number of nurses demanded in the care of the various departments added to the service has necessitated more room for the big family. The buildings adjoining the Home on the north and east are now owned by the School and are all occupied by nurses or used for lecture rooms and laboratories. Physical education is given by a former Principal of Chicago College of Physical Education and Expression, who gives a regular

course of instruction, and who also does corrective work for the nurses. To shorten the nurses' hours on duty has been one of Miss Hay's greatest desires, and the night nurses' hours have been reduced from twelve to ten. A graduate resident nurse in the Home looks after the sick nurses. Miss Hay said to this nurse, in her characteristic way, "Take good care of the nurses. I would rather have fifty off duty without cause than that one should be on duty who is unable for work."

The curriculum has been greatly enlarged and strengthened. By increasing the opportunities for study and research, stronger and better equipped women are sent out to meet the increasingly greater demands upon the trained nurse. A preliminary instructor whose entire time is given to the teaching of the probationers and young nurses is a very great help to the pupil. The work done is better and more uniform as a result of this close personal supervision. Arrangements have been made for classes to attend many most interesting and helpful clinics given by prominent Chicago physicians. Each young nurse has two months of practical daily work in the general diet kitchen, under the direct supervision of a graduate dietitian, and, later, has the practical management of a ward diet kitchen, serving of diets, trays, etc. Massage is taught in a practical way by one of our own nurses who has graduated from a School of Massage in Sweden. Individual instruction is given; each pupil takes up the work as demonstrated, works it out in the wards, and brings to class definite reports of work done, of results obtained, etc. Many scholarships and awards are now offered to the nurses, which prove a stimulation to good class work, in spite of weariness of mind and body. Affiliation with private hospital training schools has proved to be broadening and of mutual benefit.

By fostering a healthful social atmosphere, the nurses are happier in their work. Receptions, musicals, and social teas are given for the nurses, to which members of the staff, internes, and the nurses' friends are invited. Miss Hay is always "at home" to her pupils, but she frequently has little informal teas for her classes, and thus comes into closer personal fellowship with them than would otherwise be possible. To her the training school is a big household, and hers is the real mother-heart. The individual is always of first consideration. No pain is too great to get at real motives, and, like the true mother, she advises and counsels and leads those under her care and instruction. Many an irresponsible girl,

when entering the school, will to-day "rise up and call her blessed" because through her earnest, sympathetic helpfulness they were ridged over a critical period and are now strong, capable, self-respecting women, happy in their ability to have a part in the world's work.

We recognise the splendid support of a progressive Board of Managers in this policy of development, but greatest credit is due to the courage and wise leadership of this woman, of broad sympathies and sound judgment. She it is who has stood bravely and fearlessly at the helm during these trying and eventful years.

The Alumnae Association has in her a devoted champion, ever ready to lend a helping hand, and always enlisting the interest and co-operation of her associates. That practically all her graduate nurses belong to the Association is a tribute to her influence which needs no comment.

With a vision so rare, with a heart full of love, with absolute forgetfulness of self, who can estimate the influence of such a life? It radiates far beyond the Home, the Training School, or the Alumnae Association. We who have been her co-workers feel such a keen sense of loss at the thought of separation that it is impossible to say what ought to be said. We can only pray "God bless her!"

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### "MODERN SLAVES."

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From time to time an outcry is made against the declining birth-rate and the great mortality amongst infants, and women are usually held responsible for these conditions. Let us look truth in the face, and review the position.

Two recently published books in Berlin have roused a storm of indignation; they are entitled "People Who have Lost the Path" and "Little White Slaves." In England, as I hope you all know, two books on the white slave traffic are obtainable at any bookstall, and when you read them remember they are not exaggerated. In this country, owing to the heroic efforts of Josephine Butler, we are free from a system of State-regulated vice, but in many civilised European countries the system is in full force. Women once registered as prostitutes under these inhuman laws have no chance of becoming anything better. They are slaves, neither more nor less—white slaves in a highly civilised Christian country! Sounds strange, does it not?

Relegated to certain quarters of the town, they may not go out till after 6 p.m.; they may



not open their windows without police permission. They are inspected at regular intervals, and if found diseased they are compulsorily segregated and treated. In passing, one may note that the disease may have occurred almost immediately after the last inspection, and that many people may have become infected before the treatment is begun. And what of the men? Are they all registered and inspected? By no means. They return home to their wives, perhaps, and infect the innocent. Such is the outcome of State regulation, which even to-day has not a few advocates in England. All this is well known, but is it, *can* it be, common knowledge that little children from seven years of age upwards are pressed into this miserable army? In our large towns it is a fact that children of tender years are kept in houses of ill-fame to satisfy the passions of the stronger, chivalrous sex!

Is it not enough to make women pause and consider if they *dare* become mothers, when such ghastly evils are able to flourish and bring in a rich living to their scandalous promoters? The writer of "Little White Slaves" already mentioned was formerly a police assistant at Stuttgart. She makes the following trenchant suggestions:—

"So long as women exercise so little or practically no influence on legislation we must do our best by private effort. The time is coming, however, and it is to be hoped is not far off, when women, through the ballot, will have the possibility given them so to arrange affairs that the State will take proper care of the poor and helpless. . . . It will then be the duty of women to bring about new laws, not only influenced by intellect, but also by feeling and understanding, and then only will children be, in the true sense of the word, children of the Fatherland."

It is a man's world that we live in to-day, and if men are satisfied with these things we are not, and we claim the right to have our point of view considered. We want *men* and *women* working together (complementary one to the other) for the common good of themselves and the children for whom they will one day have to give an account. Man's government has failed to protect the weak, and we Suffragists ask that we may be allowed to take our rightful place in the State, and share the duties and responsibilities of citizenship. A full review of both books referred to in this article was given by Miss Douglas Smith in *Votes for Women* some months ago.

GLADYS TATHAM.

## APPOINTMENTS.

### MATRON.

**Hospital for Children, Gringley - on - the - Hill.**—Miss Florence Burgess has been appointed Matron. She was trained at the Blackburn and East Lancashire Infirmary and has held the position of Sister at the District Hospital, West Bromwich, Sister at the Stafford General Infirmary, and Sister at the Nottingham General Hospital.

**Cameron Hospital, West Hartlepool.**—Miss E. E. Taylor has been appointed Matron. She was trained at the Royal Albert Edward Infirmary, Wigan, and has held the position of Night Superintendent, York County Hospital; Surgical Sister, Glasgow Victoria Hospital; and Matron of Broadstone Hospital, Port Glasgow.

**Dean Head Sanatorium, Horsforth, Leeds.**—Miss Mary Bell has been appointed Matron. She was trained at the York Infirmary, and has held the positions of Sister at the Royal National Sanatorium, Bournemouth, Sister at the Crossley Sanatorium, Cheshire, Head Nurse at Chipping Norton Infirmary, and Charge Nurse at York Infirmary.

**Bury St. Edmunds County Home for Nurses.**—Miss Haig-Brown has been appointed Matron. She was trained at St. Thomas' Hospital, S.E., where she acted as Home Sister for seven years, and has held the following Matronships—District Infirmary, Ashton-under-Lyne; Royal London Ophthalmic Hospital, E.C.; Brixham Nursing Institution; South Devon and Dorset County Home for Nurses, Dorchester.

### ASSISTANT MATRON.

**James Murray's Royal Asylum, Perth.**—Miss Jane Gibb has been appointed Assistant Matron. She was trained at the Glasgow Royal Asylum, and the Birmingham Poor Law Infirmary. Miss Gibb is also a certified midwife.

### NURSE MATRON.

**The Cottage Hospital, Leominster.**—Miss Ethel Tew has been appointed Nurse-Matron. She was trained at the Clayton Hospital, Wakefield, and has been Staff Nurse at the West Ham Hospital, Stratford, London, E.

**Infectious Diseases Hospital, Runcorn.**—Miss C. E. Munro has been appointed Nurse-Matron. She was trained at the Liverpool City Hospital, and has been Charge Night Nurse at David Lewis Northern Hospital, Liverpool.

### HEALTH VISITOR.

**Borough of East Ham.**—Miss Beatrice Ken has been appointed Lady Health Visitor. She was trained in Dublin, and has been Hon. Assistant Sanitary Inspector at Bradford, and holds the Sanitary Inspector's certificate of the Royal Sanitary Institute.

### NIGHT SISTER.

**Swansea Hospital.**—In consequence of Miss Stallwood (Night Superintendent) having been appointed Home Sister to the Infectious Diseases Hospital, Newcastle-on-Tyne, and having con-

sequently resigned her post at the Swansea Hospital as Night Superintendent, the Matron recommended that Miss E. E. Thomas be appointed Night Superintendent; that Mrs. Margrave be appointed Sister of Dyer Ward, and that Miss Ellen Lloyd be appointed Casualty Sister. The recommendations were approved of.

**The Union Workhouse, Stockport.**—Miss Edith A. Green has been appointed Night Sister. She was trained at Smithdown Road Infirmary, Liverpool, and has been Sister at that institution.

#### HEAD NURSE.

**East Preston Union Workhouse Infirmary, near Worthing.**—Miss Maggie E. Brown has been appointed Head Nurse. She was trained at Walsall Infirmary, and has been senior Charge Nurse there.

#### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

##### COUNTY SUPERINTENDENT.

Miss Edith Butler has been appointed Superintendent of the Sussex County Nursing Association. Miss Butler was trained at the London Hospital, where she worked for two years as Sister Midwife. Before taking her General training she worked as Staff Midwife at the Garrison Hospital, Woolwich, where she took her midwifery training. Miss Butler has also had experience in the Bristol Hospital for Sick Children, and worked for three years in the district of Weston-under-Penyard. She trained as a Queen's Nurse at Brighton, and worked subsequently at Lincoln, where she was promoted to the post of Assistant County Superintendent.

#### NURSES.

Her Majesty Queen Alexandra has been graciously pleased to approve the appointment of the following to be Queen's Nurses: *England*, October 1st, 1911: Annie Aspinall, Adeline Spencer. To date January 1st, 1912: Annie Griffith, Nancy B. Lowe, Bertha A. Bear, Jane Aitken, Elsie Benians, Margaret Halpin, Agnes Wyllie, Frances E. Furnival, Lillias W. Noble, Mabel Price, Esther Snowdon, Annie G. Silby, Bertha E. Dyson, Ethel F. Chapman, Florence Sugden, Rosa E. Heald, Ada M. Jones, Mabel Awmack, Mabel Lambert, Nellie Le Moine, Polly Starford, Annabella Lochiel, Aurelia N. McNay, Ethel I. Muckley, Gertrude Fozard, Annie Mannion, Louise Aronovich, Lizzie R. Owen, Carrie Gledhill, Emma L. P. Chetwynd, Edith Webster, Jenny Davies, Jean G. Macfarlane, Alice K. O'Connell, Florence Sutcliffe, Lilian M. Ludwig, Mary F. Roope, Margaret D. Hume, Mary Jones, Lilian M. Roberts, Jessie Skelcher, Florence Barker; *Scotland*, Mary L. Bruce, Margaret Hamilton, Catherine M. Macdonald, Ann McQuarrie, Mary Mitchell, Cecilia Simpson, Isabella K. Flett, Catherine A. Skinner, Janet D. Russell; *Ireland*, Rosina Kavanagh, Ellen Keyland, Frances E. Morrissey, Sarah Best, Sarah A. Mossman.

*Transfers and Appointments.*—Miss Eliza Forsyth is appointed to Cleator, St. Bees; Miss Gwendolen Wellard to Watford; Miss Florence Butler to Langley Park.

## HOME-COMING OF THE KING AND QUEEN.

Lady Faudel Phillips, universally known for her great kindness of heart, invited about 300 nurses to 52, Grosvenor Gardens on Monday to see the home-coming to London of the King and Queen. The guests were received in the dining-room and given deliciously hot soup and scones; they then proceeded to a seated stand in the garden, from which they had a splendid view. Everyone greatly appreciated the thoughtful consideration of their most amiable hostess.

## RESIGNATIONS.

Miss L. S. Huggins, who has been a member of the Registered Nurses' Society for the past ten years, has resigned in order to take up work amongst the lepers in Robben Island, and will sail on February 10th. We feel sure all her fellow members will wish her God speed in the arduous and self-denying work before her.

Miss Harris has resigned the position of Matron of the Yeovil Hospital, after twelve years' service. At the annual general meeting held recently, Dr. Marsh, the senior medical officer, referring to the regret they felt at the resignation of the Matron, said she had been a most excellent officer, and he was prepared to stake his reputation and say that they would never have a better. He moved a resolution to the effect that the meeting desired to express to Miss Harris their thanks for her excellent work during the twelve years she had been at the Yeovil District Hospital. Dr. Haig seconded, and the Chairman, the Rev. M. C. Goodford, also paid a tribute to Miss Harris's services.

## WEDDING BELLS

Miss Lowery, who has for two and a half years been a member of the West Sleekburn and Stakeford Nursing Association, has been presented with a marble clock and side ornaments and a Queen Anne tea service in silver, by the residents of the district, on the occasion of her marriage.

## ITALIAN GRATITUDE.

Miss Amy Claxton, late of the King's Lynn and West Norfolk Hospital, and now Victorian Order nurse in Canso, Canada, second daughter of Mr. E. Claxton of King's Lynn, is to be decorated by the Italian Government for her services to the survivors of the Messina earthquake in 1910.

Decorations in recognition of services rendered to the survivors of the Messina earthquake have also been awarded by the Italian Government to the following British nurses:—Miss (or Mrs.) Maillard, Alice Niesigh, M. E. Belcher, Marion Macdonald, Clara Sarrau, Mary H. Lawrence, Helen H. Moir, Frances E. Nelson, Mabel Shingleton, Emily Terry, B. Gerrie, H. I. Munn, Hilda Hanbury.



## NURSING ECHOES.

Two of the most wonderful movements for bringing grist to the hospital mill popularised of late years have been Ladies' Linen Leagues, the brilliant idea of Mrs. John Handley, of Bath, and Hospital Pound Day. In the illustration, kindly lent by the *Daily Mirror*, Miss Fox, the matron, and two of the staff of the City of London Lying-in Hospital, are seen tabulating the gifts which had been received by the Lady Mayoress, Miss Crosby, when she most kindly responded to the invitation of

Cologne Congress, as nationally important to them are—(1) the Position and Responsibility of the Matron in Training Schools for Nurses. At present in Germany the Matron (if there is one) has little power; (2) the Overwork of Nurses. In this connection a letter addressed by Mr. W. McAdam Eccles to the *Times* in connection with the Insurance Act, incidental to medical education is very opportune.

Mr. McAdam Eccles writes :—

"I have recently returned from Berlin, to which city I went partly with the purpose of observing



A HOSPITAL POUND DAY.

the Ladies' Committee and visited the hospital. As can be seen, the Lady Mayoress had quite a busy time in receiving parcels of tea and sugar, cocoa and groceries, butter, baskets of eggs, and other gifts always useful in a hospital, until the matron's office looked like a store room. The Secretary, we are glad to hear, was encouraged by a goodly number of pounds in hard cash, and a generous promise from the visitor-in-chief. The Lady Mayoress subsequently visited the beautiful little chapel, and passed through the wards, congratulating and praising everyone upon the brightness and order everywhere prevailing.

Two questions which the German nurses consider should receive full consideration at the

the working of the German insurance scheme in relation to the large hospitals and medical education. I have come back with very clear ideas on the subject, and they seem to me to have so marked a bearing on the future of the working of our own Act that I crave some space in which to record them.

"First let me say the German Act works well on the lines on which it is intended it should. Every insured person has a right to admittance to a State hospital, not because they are ill, but because they have paid for it. Up till now in Great Britain our voluntary hospitals have been ready to receive patients because they were ill, and could not afford to pay for the highest skill in treatment. In Germany, the large hospitals are maintained by the State, they receive no voluntary contributions, and charity is absent so far as they are concerned. What does this imply? A veritable



parsimony in the working of the hospital and a great lack of the milk of human kindness.

"A veritable parsimony in the working of the hospital—nothing but bare necessities anywhere; all these necessities, I freely admit, are good of their kind; a conspicuous absence of a full and efficient nursing staff, two only, for instance, in a ward occupied by 28 children; a hospital of 600 beds with some 50 nurses, while a hospital in London with an equal number of beds, St. Bartholomew's, has no less than 344 nurses; no flowers, no chairs in the wards, nothing but bare necessities. Of course not, the State has not the money and could not get the money to provide them, but in Great Britain we can, because our wealthy people are generous to voluntary hospitals. All this will necessarily be threatened under the working of the Insurance Act.

"There is a great lack of what we in England would call mere humanity. How would our poorer patients care for this? After a severe abdominal operation, such as that for appendicitis, performed, it is true, by a skilful surgeon, wheeled back to the ward, there to be left to minister to his own comfort in distress, or to the "tender mercies" of a convalescent patient. Only those who have been through such an experience can realize the help and cheer of good nursing and pleasant surroundings. As a writer has recently said: 'There is no gratitude shown or expected, and little trace of the pleasant relationship which exists in the London hospitals between the patient and those who have made themselves responsible for his comfort—house officer, sister, dresser, and nurse.'

"But there is more than this; the effect of the system on medical education is the point of my letter. The German medical student does not come into close relationship with the patient, the patient would resent it. As Professor von Müller has well put it: 'Our patients have a right to be admitted. . . . This is the reason why our patients are not at all willing to be examined by the students.' But in our London hospitals the most cordial relationship exists between the student and the patient, so much so that a grateful patient will often remember the name of his dresser when he has forgotten that of the surgeon who saved his life.

"This close contact of student with patient is one of the chief reasons why our medical students turn out to be such efficient general medical practitioners. The existence of women of refinement and good breeding as nurses, and students with a thorough education and moral tone in our hospitals is an essential for the production of those highly-trained, humane, and reliable medical practitioners for which the British medical profession has always been known.

"It is this which is certainly threatened by the working of the Insurance Act when it comes to affect our large hospitals with their medical schools."

When the nursing departments of German Hospitals are under the personal supervision of highly qualified matrons, then, and not till

then, will be found the beautifying and home-making touch of the woman in the domestic arrangements of the wards. Then, and not until then, will a sufficiency of nurses be found on duty night and day, and the cruel overwork of German nurses in many hospitals cease.

We remember conditions in English hospitals thirty-five years ago, very much as those described by Mr. McAdam Eccles as seen in Germany—indeed, much overwork remains to this day. But we claim that the educated and trained gentlewoman, given adequate powers as Superintendent of Nursing, has in the past quarter of a century accomplished remarkable reforms. Let German women be given the same authority—they are just as capable, kind, and clever as their British colleagues. But they can't make bricks without straw.

Miss Nicol, writing on the treatment of burns, considers that the clothes in severe cases should not be removed until the shock has passed off. The patient should be kept warm, wrapped in hot blankets, clothes and all, put in bed with hot water bottles, and given hot brandy and water, either by mouth or rectum, to counteract the shock.

An unusual objection was raised at Ecclesall Board of Guardians' meeting last week to certain promotions in the nursing staff.

Dr. Jones wrote questioning the wisdom of the House Committee in appointing a probationer nurse (Miss Abbott) to the responsible position of charge nurse in the maternity ward.

Mr. E. Baker feared there was "favouritism" in this promotion. Miss Abbott, he said, had been taken as a probationer, although over age, and was now promoted over the heads of her seniors in service.

This was denied by the Chairman of the House Committee.

In the course of discussion it was admitted that the vacancy was only created by other changes made at the meeting of the Committee, and the other charge nurses would not be then aware of it.

The Clerk, in reply to a question, said he believed that if they were asked, the other charge nurses would consider they had been slighted by the appointment of a probationer to so responsible a position.

Mr. Edward Dickinson (who presided) felt that the appointment had been made hurriedly, and the other charge nurses should have had the chance of applying.

An amendment to refer the matter back was rejected, and the House Committee's recommendation confirmed.

In connection with the strike of nurses at the York Union Workhouse on account of the dietary supplied to them, to which we have referred in our editorial, we observe that the medical officer reported to the Board that he was "constantly attending the nurses because they would not eat meat—they were getting run down." We can only say that in an extensive experience we have never known nurses refuse good food wholesomely cooked. On the contrary, they are hungrily ready for it. We share the opinion of Alderman Carter—a butcher and ex-Lord Mayor of York—who told the Guardians that he would rather feed the nurses than give them medicines, and he would rather pay for English meat than have foreign given.

The *Aberdare Weekly Post* reports that the reason for the resignation of Miss Owen from the nursing staff of the isolation hospital, under the Aberdare District Council, was the conduct of the Matron towards her. Our contemporary states "on most trustworthy evidence" that in a signed statement the nurse accused the Matron of having used abusive language to her, of having subjected her to a great deal of persecution, and of having twitted her about her religion, and that at the subsequent meeting of the Hospital Committee, at which the matter was discussed, Miss Owen adhered to her signed statement, and bore the ordeal of cross-examination unflinchingly. The committee must have found that both Miss Owen and Miss Templeman had just grievances, as the Master and Matron were dismissed, but upon reconsideration were permitted to resign.

Writing on "The Woman's Part in Canada" in the "Woman's Platform" of the *Standard*, Miss Carrie Love, a Canadian journalist, says: "Nurses who take a case get £5 a week." We know that this high fee is the exception in Canada, and, considering that "Canadian trained" is the medical demand throughout the Dominion, we do not advise trained nurses to emigrate who have no professional prospects. The Colonial Intelligence League notify twelve vacancies for probationers at "a large hospital in Western Canada." No doubt these are the openings at Winnipeg General Hospital offered by Miss Wilson through this journal a few weeks ago. We consider this an excellent chance for those women who wish to nurse in Canada.

## REFLECTIONS,

FROM A BOARD ROOM MIRROR.

A number of the residents in Chiswick have wisely come to the conclusion that a very determined effort should be made to show their appreciation of, and gratitude to the West London Hospital at Hammersmith for the benefits which have been received for a great number of years by the poor of the neighbourhood. It has been decided therefore to organise a splendid bazaar in May in aid of this invaluable charity.

The committee have been fortunate to secure the personal interest of charming Queen Amélie of Portugal, who has paid one visit to the hospital, and who has consented to open the bazaar on the first day. Mrs. C. M. Tuke is chairman of the bazaar committee, Mrs. Shuter, Mrs. Finnis and Miss Amy Sich hon. secretaries, and Mr. P. W. Ramsay Murray hon. treasurer. To bring the West London Hospital up to date, and fit it to cope with the growing demands of the district, a great extension is necessary. One hundred additional beds could be easily utilised, a new nurses' home is terribly needed, science demands a pathological block and mortuary, and to complete the scheme an extension of the administrative block fronting the Hammersmith Road. It is to be hoped that Queen Amélie will bring some millionaires in her train!

This reminds us that Queen Amélie is named after her celebrated great grandmother, Marie Amélie de Bourbon, the wife of Louis Philippe, last King of the French. Those who have visited Versailles will remember her charming portrait in the Musée de Versailles, by Mme. Vigée le Brun, which is reproduced as a frontispiece in her life, a most fascinating work written by Mr. C. C. Dyson. This delightful Queen wrote the sweetest letters to her sons, of whom she had five—all very distinguished men—and one, the Duc de Nemours, writing to inform his son of her death, said: "The Queen is no more. We have lost the dear mother who was revered as a kind of Divinity in our family. It is a great blow to all of us, but we have the consolation of knowing that the sorrows and trials of her life are at last over, and that she has entered the enjoyment of the eternal happiness which her great virtues have won for her." There are many lessons in heroism and family affection to be learnt from "The Life of Marie Amélie, Last Queen of the French."

The London Homœopathic Hospital, Great Ormond Street, W.C., has received £1,000 from an Anonymous Lady to extend the Convalescent Home for the reception of Men Patients as well as for Women and Children as at present. The Fund now reaches £1,600. It is estimated that about £3,000 will be required; and Colonel Clifton Brown, the Treasurer of the Home, has just sent a cheque for £500, and the Right Hon. the Earl of Dysart has promised £100 if the remaining £800 is donated or promised so that the Home can be



extended before the coming Summer. Donations should be sent to the Secretary, Mr. Edward A. Attwood, London Homœopathic Hospital, Great Ormond Street, London, W.C.

At the annual meeting of the Manchester Royal Eye Hospital—the Lord Mayor presiding—it was reported that the Board of Management had refused the conditional legacy of Miss Rose Hyland, the condition being that within twelve months' time two lady members should be appointed to the Board of Management. Is it possible for sex intolerance to exhibit itself in a more discreditable light? Hardly.

On the 12th inst. the Home at Gringley-on-the-Hill, Notts., established by Captain Laycock, of Wiseton, Notts., for young convalescent patients, is to be reopened as a modern hospital, containing twenty beds, for tubercular patients, admirably equipped in every way for the important work for which it is now intended; and he will, in conjunction with the Duke of Portland, jointly defray the cost of its maintenance.

By those who have given the subject special consideration, the conviction has long been shared that the treatment of tubercular disease of the bones in children, particularly of the spine, hip, knee, and other joints, has been inadequately carried out in our hospitals, where it is not possible to accommodate the patient a sufficiently long period to effect a cure. Tubercular disease of the bone accounts for a large number of the cripples who excite sympathy in our streets every day, and yet most of the cases might have been completely cured by an early and thorough system of treatment.

The Cripples' Guild in Nottingham has been seriously considering the establishment of a hospital for the reception of cases of this character, but the difficulties of starting a new charity at present were almost insurmountable. The Duke of Portland and Captain J. F. Laycock have, however, come to their aid most opportunely.

The hospital will, in future, be controlled by a thoroughly efficient trained staff for the benefit of children from three to 12 years of age, suffering from infirmity after operation or illness attributed to tubercular mischief, but not pulmonary cases. In addition to any cases which the Duke of Portland and Captain Laycock may wish to place in the hospital, special provision has been made for the reception of patients from the General Hospital, the Children's Hospital, and the Cripples' Guild, all of Nottingham. A pony and carriage is available for driving the little patients round the district. As we report this week, Miss Burgess, from the General Hospital, Nottingham, has been appointed Matron, so that the hospital will be opened under the happiest auspices.

The eighth International Congress on Tuberculosis will meet in Rome in April, and is under the patronage of the King and Queen of Italy. Professor Buccelli is the President.

## A PITIFUL TALE.

"Bart's" is the oldest hospital in London, and until recently was held in sincere veneration by all who had ever worked in it. It would not be true to state that this is now the case. The nursing department has not recovered from the rude shock it sustained two years ago—and the "mind your own business" attitude towards its medical friends scattered over the country—will now no doubt be taken to heart. You can't insult a person one day—and beg of him the next.

Nevertheless, the statement made by the Treasurer will be realised with deep regret, that the hospital has an annual deficiency of £7,500, and is now in debt to the amount of £57,360. "If," said Lord Sandhurst at a meeting last week,—*"and I can hardly believe it—we have lost the confidence of the public, and we do not manage to get sufficient money, there is no doubt whatever we shall have to curtail the work by closing a wing—200 beds."*

Of course, such action is not to be thought of for a moment. If the public has lost confidence in the present management of the charity—the remedy is far less disastrous than closing beds to the poor—which for centuries have been at their disposal. *Let officers be appointed, who will re-inspire confidence.*

The present financial condition of affairs is stated in a report presented to the Governors from a special committee appointed last November, which points out:—

(a) An excess of expenditure over income on the working of the hospital—the annual deficiency for the five years (1906–10) averaging £7,500. The greater part of this deficiency is represented by the payment of interest and sinking fund (£5,072 per annum) in respect of the loan of £120,000 in connection with the purchase in the year 1902 of part of the site of Christ's Hospital for the necessary extension of the hospital.

(b) A debt of £49,500, the amount of the loan due to the Bank of England on December 31st, 1911, and a further loan of £7,860 from the Nurses' Home Fund (the italics are ours), together amounting to £57,360.

These latter loans have been incurred partly to meet the above deficiency, but mainly in connection with the erection of the out-patients' block and the pathological block.

The report ends with the hope that "immediately the financial position of the hospital warrants, no time will be lost in erecting a new nurses' home."

Considering that if there was a fire in the congeries of tenements occupied by the nurses it is probable that a holocaust of deaths would result, this pious expression of opinion is as callous as it is mischievous.

### APPEAL TO CÆSAR.

The King is President of St. Bartholomew's Hospital. If he has a friend amongst the Governors let the truth, about this death trap, be reported to him without delay.



## IRISH MATRONS' ASSOCIATION.

At the meeting in January 1912, Miss O'Flynn, Lady Superintendent, Children's Hospital, Temple Street, Dublin, was elected President for this year.

Miss Eddison, Lady Superintendent, Royal City of Dublin Hospital, Hon. Treasurer, and Miss Reeves, Lady Superintendent, Royal Victoria Hospital, Dublin, Hon. Secretary.

## THE LEAGUE OF SCHOOL NURSES.

On Wednesday, January 31st, Dr. Brincker gave a Lecture to the L.C.C. School Nurses on "Skin Diseases." There was a good attendance. After dealing with the various functions of the skin, Dr. Brincker mentioned the things which influence skin diseases and of the different forms of disease.

The causes, symptoms and effect of inflammations were also mentioned. Dr. Brincker's scheme when dealing with any kind of eruption should be useful to school nurses:—

Observe the shape, size and appearance of rash.  
Decide where it originated.

Notice the plan of distribution and the arrangement in respect of grouping.

Notice whether there is pigmentation on the parts where rash has disappeared.

Observe the presence or absence of induration.

Ascertain the history of the rash, the presence or absence of rise of temperature.

Notice the general symptoms preceding, accompanying, or following the rash.

Dr. Brincker dealt in turn with the infectious diseases which are usually accompanied by an eruption of the skin, and gave useful advice to aid in the diagnosis of such. The Lecture was of great interest and much appreciated. On February 7th, Dr. Thomas will lecture on "The Use and Hygiene of the Teeth."

R. B. D.

## CONFERENCE POSTPONED.

The Conference invited by the National Health Insurance Joint Committee and the Insurance Commissioners with the Medical faculty has had to be postponed, presumably on account of the many refusals received from the various medical bodies, who are practically unanimous in the view that the medical provisions of the Act are unsatisfactory, as regards both the interests of the public, and the welfare of the medical profession.

Among the medical bodies who declined the invitation were the General Medical Council, the British Medical Association Council, the British Medical Association Reform Committee, the Royal College of Physicians (London), the Royal College of Surgeons (England), the Royal College of Surgeons (Edinburgh), the Society of Apothecaries (London), and the London Counties Medical Protection Society.

## OUTSIDE THE GATES.

### WOMEN.

The whole sum of £100,000 has now been obtained for the scheme of endowment of home science at King's College for Women (University of London), of which Queen Mary's Hostel is to form a part.

Negotiations are now proceeding respecting a site for the hostel and for the new buildings in which will be incorporated the laboratories for the home science department.

As the chief object of the movement is to foster a sounder knowledge of the laws which govern health, sanitation, and household economy, surely courses for preliminary and higher education of nurses should be included in it. Let us hope that by the time the Isla Stewart Memorial is endowed we shall have a Department of Nursing and Health on similar lines to that already doing such splendid work for the sick at Teachers' College, Columbia University of New York. It is now many years since the late Miss Isla Stewart, as President of the Matrons' Council, brought the matter before the Council of Bedford College, London.

Lady Strachey has been re-elected Chairman, and Mrs. Bedford Fenwick Vice-Chairman of the Lyceum Club, 128, Piccadilly. At the recent annual meeting Mrs. Fenwick pointed out that so far no nursing qualification had been accepted as qualifying for membership, and that the nurses who had joined had been admitted upon a journalist's, or public service qualification. A resolution will be placed on the Agenda for the next annual meeting proposing that a Nursing Section be permitted.

Miss N. M. Joshi, L.M.S., of Bombay University and the Royal Free Hospital, London, has been admitted a member by examination of the Royal College of Surgeons.

Monster meetings for and against slavery for women—for deprived of a vote women are practically slaves—as nurses very well know, are to be held on early dates at the Albert Hall. How any human being can sit passively at a meeting and be pelted with insults from a public platform—in terms of brutal frankness, is just one of those idiosyncrasies of human nature, absolutely incomprehensible to self-respecting women. There are women, we are told, in the lower orders—though we don't believe it—who are said to enjoy "two jolly black eyes" from the massive fists of their legal lords. Presumably the squaw is not confined to one class of society—and the women who abase themselves and their sex by being present at the Albert Hall on February 28th, when the National League for Opposing Woman Suffrage will hold high festival, may congratulate themselves that, metaphorically, they will be lashed black and blue by the firish!

## THE SEVENTH MARCHIONESS OF RIVIÈRE.

A PSYCHICAL INTERLUDE.

(Continued from page 95.)

"BEYOND THE WORLD'S MOST PURPLE RIM."

A monstrous wise peasant woman, speaking to Andrea at this time, said—"The sperrit's like Jack in the box; when it gets above wi' itsen corpus must clap down the lid—corpus is nowt but a taller candle; come fire, and it melts away. Down yon fire wi' wuk, me dear; it's the Lord's own damper."

This advice was quite in accord with the girl's own determination, but she sighed as she recalled the sheaf of family letters—all kind in their intention, no doubt—expressing in language more or less febrilic, the gross impropriety, and certain loss of caste of a lady working for her living—letters best consigned unanswered, thought Andrea, to the kitchen fire. So up the flues their wraiths took flight!

Then Uncle George had been deputed by the family to read the "Riot Act," which consisted in his, once and for all, putting down his very manly foot on the parlour mat, the meanwhile agitating his coat tails before the empty grate—and in simple Saxon, forbidding, in his capacity of guardian, any divergence from the straight path of propriety laid down for county families. A career for a woman! Stuff and nonsense—career, indeed! Marriage was woman's only decent career, and why not reconsider the excellent proposal—

Andrea, who had apparently been listening with becoming humility, now crossed the room and stood facing Uncle George—very white, with pink nostrils fluttering.

"Now listen!" she said, very quietly,—and he did with his mouth open. "My body is my own. What I choose it to do—it will do—I choose to create with my brains—I choose to manipulate with my hands,—I decline to sell even one pound of flesh—don't dare ever again to suggest that I become unclean." That clenched it. It would. Here was woman incarnate—woman militant.

What power could crush her?

Uncle George trembled—his bald pate flushed pink—he felt furious, as with strong drink—

His impulse was to strike, but he dared not.

"Poor old beastie!" thought Andrea, "how difficult it must be to restrain tooth and claw!" Aloud she said, soothingly:

"There are so many forces stronger than we are, which must be obeyed; don't let us worry about them.—I hear you have invented a new mangel-wurzel—come into the garden, and tell me about it"

Thus come flattery, come vanity, and peace was restored.

And from family interference Andrea was free.

\* \* \* \* \*

When the day came to leave Carillon, Andrea went early into the stable yard. The old coachman was grooming "t'ode" pony—to those

sibilant sounds appropriate to the occasion. "Don't bring the carriage round to the front gate," she said, "just take the luggage and land it at the station, I will pick it up some time. I shall walk across the fields—as if I just go out without a hat, and take my own time—I might be coming back again, don't you think?"

"Well," replied the old man, "there are those as is fust rate at play-acting—and you be one of 'em. Must us say good-bye now Miss Andrie?"

"There is no harm in it," said Andrea. "God bless you—fare you well—such sayings have a sweet sound, but it is best just to flit away." Thus saying, she turned and passed into the kitchen garden, and the old man who had known her all her life stood and watched her go slowly through the orchard, rich with rosy fruit, and so out of sight.

She never looked back.

She went for the last time down the avenue of chestnuts—over the little, white bridge—saw the dace and gudgeon flitting hither and thither in the clear pool below, and through the pastures to the mill. Here she stood for long, very still and silent. It was a dim, sweet September day. Carillon lay embowered in trees—the sun making fiery flames on the western windows.

"Hearts patch," thought Andrea.

Then she tied on her hat and veil—and walked resolutely over the hill to the station.

Her boxes were on the platform.

"Where shall I label 'em to?" enquired the youthful porter.

"Mecca," said Andrea, smiling.

"Ain't got a ticket for no such a place," replied the boy, knitting his brows.

"Oh! yes you have—some day you will want to go there too," she told him, "but London will do; it is on the way."

A few minutes later Andrea was rushing towards that ever-receding horizon, that purple rim, beyond which lies the Mecca of the imagination—far, far beyond a gentle Vale, dominated by the most lordly Beauvais!

\* \* \* \* \*

In spite of every platitude, without money you can never be free. Yet unless you are possessed of the vagrant spirit, freedom hath no charms.

This spirit whispered to Andrea "let us wander," so together they mounted a broom stick and sailed away into the empyrean.

Duty they left lamenting—knowing full well that, like the proverbial toad, she could at any time be found beneath the harrow, rejoicing in the toothpicks their desertion had left her to endure.

Just for a breathing space, pastures new. Then to work.

ETHEL G. FENWICK.

(To be continued.)

The first chapter of "The Seventh Marchioness of Rivière," appeared in our issue of December 16th, 1911.



## BOOK OF THE WEEK.

## THE LITTLE GREEN GATE.\*

Lovers of gardens who are also writers seem, as a rule, to have the power of imparting to a romance the charm and the fragrance of their own appreciation. In "The Little Green Gate" this ability is emphasised; it is, in truth, the romance of a garden, wherein nature at the same time added poignancy to and embalmed the agony of two tortured hearts.

Nina was twenty-eight, and she lived with her old father, the Colonel, in a long low house, creeper-clad, with a charming garden, where there was a dear wild bit that visitors were never taken to see, and at the top of all there is a little green gate into the woods. It ought to have been abolished—it should never have been there at all, for it was through the little green gate that the man came and found the woman thoughtfully taking cuttings of double arabis. That is where the story begins.

And the pity of it was that he was made for her and she for him, and their poor little hour was doomed from the start.

For it is cleverly described of Peter that it was from "sheer carelessness" that he was already engaged to little butterfly Muriel. After crossing the threshold of the little green gate he realises this, though not immediately.

And Nina, not at first, but at last, "she knew Peter Marchant was the man she could have loved—the man for whom she had been waiting."

And Peter was engaged to Muriel Brackenridge.

"Nina knelt there weeding, moving from patch to patch, mechanically, as each became finished under her tireless hands. All the bitterness—if ever there was any—vanished under the kindness of the flowers and the summer evening."

And then a whole day spent at work with him on the garden, the little concession made to them both for a life-long separation.

So long as he does not know, what does it matter? was her thought. "He will never know." So she enjoyed her hour, her secret triumph.

He begs her to let him come every day to learn from her the secret of her spell over the flowers.

"That is only three days more . . . let me come."

The green gate clicked to, and he was gone. The light had gone out of the sunset sky.

But it had to come. "He bent and kissed her lips—a long, long kiss, with all the world in it . . . their first, their last, their only kiss . . . but to them worth all the rest of time."

Sustained at first by exaltation, the great wonder (undreamt of) that Peter loved her, she would go on working in her beloved garden, and "now and then through the day her hands would suddenly fall idle the tools dropping from them,

and her eyes, looking away down the garden, would see, unbidden, the little figures of strange children, in blue and red overalls, playing about the paths."

But Peter is bound faster than he thought of to his soul-less little Muriel, and the bitterness has to be faced.

And Nina, true woman, makes her superhuman sacrifice.

"You don't care?" he asks her.

"No . . . I don't care . . . like that . . .!"

So they parted, these two.

She had indeed helped him . . . helped him for all the years of his life, and not merely over the bad hour. But what of her? She could not, could not let him go! Desperately she took a few steps towards the little green gate.

Gradually, and very softly, the flowers became aware that the dear woman who had tended them and loved them was lying there among them unheeded, unconscious.

This book should be read by all who are lovers of tender pathos and true sentiment. It is a dull soul that cannot be appealed to by these.

H. H.

## COMING EVENTS.

*February 12th.*—The Trained Maternity Nurses' Association. Entertainment by the Denbridge Concert Party. All Saints' Hall, Powis Gardens, Notting Hill, W. 8 p.m.

*February 13th.*—Nurses' Missionary League. Lecture: "Medical Work in a Chinese Country Station," by Dr. Norah L. Bryson. University Hall, Gordon Square, W.C. 10.30 a.m.

*February 13th to 16th.*—Gresham Lectures: "Sleeping Sickness" by F. M. Sandwith, M.D. City of London School, Victoria Embankment, E.C. Free to public, 6 p.m.

*February 13th and 14th.*—Central Poor Law Conference, Holborn Town Hall, W.C. Mr. Charles Booth, F.R.S., will preside.

*February 14th.*—The Midwives' Institute. Post Graduate Lecture 2: "The Theories of eclampsia, thrombosis, and embolism; white leg." 6.30 p.m.

*February 15th.*—National Council of Nurses of Great Britain and Ireland. Meeting—431, Oxford Street, London, W.; Cologne Congress Business, 3.30 p.m.; Tea, 5 p.m.

*February 20th.*—Irish Nurses' Association. Lecture "Labour Exchanges." By Miss Brown, B.A. 34, St. Stephen's Green. 7.30 p.m.

*February 22nd.*—Central Midwives' Board. Caxton House, S.W. Meeting 2.45 p.m.

*March 6th.*—The Royal Infirmary, Edinburgh. Lecture: "Clinical Symptomatology in Nursing," by Dr. Matthew. Extra Mural Medical Theatre, 4.30 p.m. Trained Nurses cordially invited.

## A WORD FOR THE WEEK.

I count Life just a stuff

To try the soul's strength on, educe the man,  
Who keeps one end in view, makes all things serve.

—Robert Browning.

\* By Stella Callaghan. (Constable & Co.: London.)



## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

## IN A COTTAGE HOSPITAL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I do think it is a pity to review a book like "In a Cottage Hospital." The public is quite censorious enough about hospital affairs. No doubt it is greatly exaggerated. I am Matron in a cottage hospital, and although we are all greatly overworked, the moral tone is all that can be desired.

Yours truly,

A SUBSCRIBER TO "B.J.N."

[We don't believe in shirking disagreeable things—and from information received from near and far—lack of discipline is evidently undermining high nursing standards. It is time to call halt. See this week's editorial. Lack of discipline is the result of faulty superintendence—and faulty superintendence is the result of lack of the systematic training of those placed in positions of responsibility. We want a Central Nursing Authority analogous to the General Medical Council, to insist upon the proper training of nurses—and the maintenance of discipline amongst them. The selfish anti-registrationist, male and female, is entirely to blame for the present disorganized condition of nursing. We have lost twenty years' organization owing to their stupidity. The matrons who potter about in their own little patches, are only fulfilling half their duty to their profession at large, when they oppose a general standard of training and of discipline being maintained outside the gates.—Ed.)

## THE LACK OF DISCIPLINE AND ITS REMEDY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I read with much interest your review of "In a Cottage Hospital," and have procured the book and read this terrible story. The worst part of it to me is that it impresses me with its truth, and although it seems almost inconceivable that everything that it relates could have happened in one institution, yet one cannot honestly say that any individual episode seems over-drawn, and one can call to mind many incidents which are quite as tragic, quite as terrible as those in the story.

Its lesson, as you justly point out, is the urgent need for State Registration of Trained Nurses, such neglect and lack of discipline as is depicted in the story could not for long be hidden from the governing body of the nursing profession, which would deal with any members who so disgraced their calling.

Until such time as the governing body is constituted, the sick will continue to be at the

mercy of unconscientious and fast women who choose to don our uniform and have no conception of the seriousness of our calling. Let those who are endeavouring to hinder nursing organisation under State authority ponder well the responsibility they are assuming.

Yours faithfully,

TIRED OF WAITING.

## THE NURSING SPIRIT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In your editorial of February 3rd you have struck the right note.

I watch with surprise and dismay many of the present day probationers. I think that with them "off duty time" looms larger than the work in the wards, and if duty demands a change in their hours of recreation, instead of complying cheerfully, they are not backward in letting it be understood what martyrs they are in having to give up some pre-arranged pleasure.

It is a pleasure loving age, and probationers, I find, have no time to read a nursing paper, even when it is provided for them, and of course they cannot spare 1d. per week to buy one for themselves. But if this letter should meet the eye of a "would-be" probationer, let me advise her to choose a Training School away from her former friends and gaieties. In new surroundings it will be easier for her to devote herself wholeheartedly to her work. In nearly all institutions nowadays, healthy recreations and good food are provided. A bicycle ride or a game at tennis will prove more refreshing than a musical (!) or cinematograph tea in a crowded, airless room. Balls and late theatres cannot be indulged in, except on the eve of a holiday, for how can a nurse expect to be fresh for her work at 6 a.m. after them? "The game is not worth the candle." The result being the patients, instead of receiving the care due to them, are the victims of irritable nerves. Discredit is brought upon the hospital, and the conscientious nurses suffer equally with the pleasure seekers, and all sink alike in the opinion of the public, and in this way prevent professional progress.

The girl who cannot give up her pleasures and exercise self-control should take up some other occupation, one in which she would do less harm in her work and to her profession.

Although I do not wish any nurse to work as hard as the few who survived in the eighties (they were good days, and are good to look back upon) yet I should like to see a little of the old spirit revived. They can enjoy life later on in other ways.

Yours faithfully,

ONE OF THE SURVIVORS OF THE FIT.

## IRISH NURSES AND INSURANCE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—We have to thank your JOURNAL for the very comprehensive manner in which the position of nurses under the National Insurance Act has been placed before the profession. Had

it not been for your most valuable paper, we Irish nurses in the country would know nothing as to how it affects us. I, for one, strongly approve of nurses having their own approved Society. I sincerely hope it may be possible for Irish Nurses to co-operate with English Nurses in their scheme. Could not the Commissioners give us permission to join—they seem to be all-powerful. Here, in Ireland, we strongly object to join any society composed of men—so long as the Act permits a portion of our surplus to be used for their benefits which we do not want. We are told here that two branches of one society can be kept distinct, but the Act reads differently.

Yours truly,

AN IRISH SISTER.

[Our advice all along has been: Nurses manage your own financial affairs. If this advice had been followed twenty years ago, the nursing profession would now be strong and wealthy. Thousands and thousands of pounds have, in that time, gone into the pockets of financiers—to hospital upkeep, through the sweating of private nurses—through paying men high salaries, and in providing palatial offices in which to carry on their business—and by huge profits through advertisements in lay nursing papers. In fact, the profession has been exploited at every turn. It is high time that women realised that those who manage their money—manage their lives. A little courage, loyalty and common sense, and the terrible poverty-stricken anxiety which hundreds of nurses suffer might be alleviated. But they have got to save themselves.—ED.]

### THE NURSING OF NATIVE PATIENTS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—I notice that the question of the nursing of native patients by white women is arousing some interest just now, and I should like to endorse the testimony of the late Sister at Kimberley. As the Matron of an African Hospital with native wards, to which both Christian and heathen natives were admitted, I desire to say emphatically that the least suspicion of difficulty never arose, and was never suggested as a possibility. The only possible trouble suggested to me when I took up office was that men and women native patients were admitted to the hospital, and that native nurses were on duty in them. It was an innovation which some Europeans viewed with reserve as likely to lead to complications, but it never did, and so far as I am aware, though it is many years ago since I returned to England, it never has done to this day. As to the native mind being evilly affected by the care of white nurses I believe the exact contrary to be the truth, and that the nurse's influence is a potent factor for good. I have further found many native patients most refined, and careful of the nurse's feelings.

Yours faithfully,

MARGARET BREAY.

### REPLIES TO CORRESPONDENTS.

*Village Nurse.*—Now that you have completed your contract, don't waste time, but enter for three years' training at a good hospital or infirmary. The fact that you realise the danger of your ignorance proves your appreciation of responsibility towards sick people. The depreciation of nursing of late years, owing to sweated, half-trained labour, in rural districts, is, in our opinion, nothing short of scandalous. If half the misery, which results from the ignorance of these inefficient nurses was ever made public, it would surprise the society people who run these associations. We maintain it is an outrage for social superiors to provide a standard of nursing for the poor they would not for a moment employ for themselves; especially when it is done to the brazen sound of the philanthropic trumpet.

*Miss C. F., Liverpool.*—Nurses in training are often overworked, because so much theoretical study is called for. Mental work is more exhausting to women, who are not very well educated, than manual work, to which many are used. The need for preliminary courses of instruction for women before they enter the wards is very necessary. There should be such schools in every big centre. When practical training begins, off duty time should not be spent in book study—this is now inevitable in many training schools. It is a wrong system, but little will be done to co-ordinate training and education until State Registration provides the lever.

*Policy Holder, Dublin.*—We are not a member of the Fund. Ask your secretary for the information you require.

### OUR PRIZE COMPETITIONS FOR FEBRUARY.

*February 17th.*—Enumerate the principal reasons for the decrease in infant mortality in recent years. How can trained nurses and midwives assist in securing a continual decrease?

*February 24th.*—Mention any methods with which you are acquainted for making doses of disagreeable drugs as palatable as possible.

### PRIZES FOR NURSING HANDICRAFT

(See page ii. of Cover).

### PRIZES—REAL INCIDENT COMPETITION.

A prize of one guinea and a second prize of 15s. will be awarded for a brief description (preferably under 300 words) of any incident of hospital life or of private nursing, serious or comic, which might form the basis of a story. Consolation prizes of half-a-guinea will be given to other competitors whose matter is accepted. Merit will be estimated by the amount of interest attaching to the bare facts related, and not by the style of composition.

Papers to reach the Editor at 20, Upper Wimpole Street, London, W., by February 19th next.



# The Midwife.

## THE CARE OF PREMATURE INFANTS.

## SOME SCENES IN A BABY'S LIFE.

### II.

#### THE FEEDING OF PREMATURE INFANTS.

Premature infants should, if possible, be fed by the natural means; if the child is very small one of the great difficulties is that its mouth is not large enough to grasp the nipple, or perhaps the mother has flat or inverted nipples. These difficulties may be overcome by the use of a nipple shield, but a better plan than this is to draw off the milk or colostrum with a breast pump, and give it to the baby from a bottle with a small teat; this is better than feeding with a spoon, as it fosters the instinct to suck, with which every baby is born, and which, if neglected, will die a natural death. Sometimes sucking tires the baby, and the feed has to be finished with a spoon, but the baby should always be given the opportunity each time of taking the food naturally.

A day or two after birth the skin of a small premature infant assumes a dry, wrinkled appearance; this is due to lack of fluid. To meet this defect the baby should have warm water to drink several times a day; this should be given in the same way as the milk, each being given every alternate hour; beside supplying the necessary moisture, the action of the water is to keep the bowels free and healthy. Should the baby be unable to take more than a few drops at a feed, the water should be omitted and the milk given each hour; the moisture can then be supplied by means of saline injections per rectum. There are, however, several objections to this method, the principal ones being—

1. That the anus is apt to get sore with the constant insertion of the tube or nozzle.
2. That the disturbance and exposure of the baby are much greater than in giving the water by mouth.

Should the saline injections be necessary they can be given either by ball syringe or tube and funnel. A few drops only should be given at first, and the amount increased as the child seems able to retain it.

Should the mother not be able to suckle the infant, either Pepsencia whey or ordinary rennet whey may be given, if approved by the doctor, followed with barley water and milk, one to four parts, as the child gets stronger. The amount of whey or barley water and milk must be regulated according to the capacity of the baby; it is impossible to state the exact amount.

R. M. B.

The surroundings of the baby's home are such as may be seen in any town or village in the Punjab, and on all sides there are irregular clusters of low, flat-roofed mud huts, with narrow muddy paths winding between them. In front of the house in which the baby is to be found is a little yard, closed in by the backs and sides of neighbouring huts, and occupied by a big buffalo cow, which leaves little room for passage to the door. When the house is entered there is a rush of acrid wood smoke, which would temporarily blind eyes unaccustomed to such fumes, for there is no window, and only a hole in the roof to act as chimney. The outer room into which the door opens is the principal living room, and has a considerable number of occupants. A woman is stirring a pot placed on the smoking fire in the little mud fireplace; several men are squatting round on the mud floor smoking a hookah, which is conveniently placed in their midst so that the mouthpiece can be twisted round and each take a pull at it in turn. Another man is sleeping on a string bed, but is so covered over by his thick cotton shawl that he presents a mummy-like appearance. Several children are playing about; one little boy about two years—wearing only a muslin shirt—might surprise an unwary visitor into admiration of his plumpness; but this would horrify his mother, who would consider any complimentary remark ill-advised, as likely to bring ill-luck to her child.

From the outer room two small inner rooms open off, and each is the special property of one of the two families who make this hut their home. The right-hand room is almost dark, for it also has no window; its air supply comes through from the outer room, and the lamp, consisting of a little wick floating in an earthen vessel of oil, gives but scanty light. There is hardly space to stand, much less to move about in the room, for besides two string beds, which fill up the greater part of it, a couple of low stools, a spinning wheel, and earthen vessels containing grain litter the floor, while a pile of wood fills the corner, and numerous garments, hanging from long pegs driven into the walls, encroach on the limited space. When anyone enters there is a scuffle in the corner and a squeak from the mice, who have come in search of food spilt from the store jars. On one of the beds a still form is lying, covered over with a cloth. It is the body of the baby's



mother, who has just died from plague, a week after her husband, who succumbed to the disease after a few days' illness, though attacked when in perfect health and strength. On the second bed is a tangled mass of old clothes and quilts, but there is a movement among them, which is found to be caused by the little baby, only two days old, left an orphan on the hands of her uncle, who, with his family, occupies the other part of the house.

A few hours after the mother's death the burial takes place, the male relatives following the bier to the grave, while the women left in the house hang out the dead woman's bedding in the sun, that it may air for a short time before being taken back into use. Then they prepare the morning meal, wondering meanwhile how they are to manage with the extra burden of these little orphan children. The boy will be able to do some field work or drive the buffaloes to graze along the roadside; and the girl will soon be old enough to help in the cooking and other housework; but it will be a great tax on their resources to be obliged to make a marriage arrangement for her as well as for their own girls. As for the baby, no one wants to be bothered by it, especially as it is a girl, but now and then, when it reminds them of its wants by crying, a few drops of milk are given to it. Perhaps the poor little creature's cries annoy the uncle, for he begins to feel that he cannot endure the additional trouble and expense involved in rearing so small a baby, and when night comes he puts the little bundle outside the door in the yard, close by the water-pots, and hopes that the cold and wet of an unusually severe winter night may relieve him of this unwelcome burden. However, next morning, when the bundle is examined, there is still a feeble movement in it, though the child has scarcely strength to cry. The uncle still perseveres in trying to rid himself of this additional care, and tells the women that he is going out to dig a little grave, and will put the baby in it without waiting for her to die. But while he is away a happy thought strikes his wife. The hospital is close at hand, and she remembers hearing that the doctor Miss Sahiba once before took charge of a baby whose parents were dead, so perhaps she will take this one, which will be better than burying her alive. So the women bring the baby to the hospital, and the doctor, hearing the story, gladly takes the little one in. . . . The last scene is very short. In it there is another bundle, but this time a clean one, for the baby, after careful washing and disinfection, has been wrapped in warm woollen garments, and now is placed on the hearth by a bright wood fire, in the hope that

some warmth may be coaxed back into the starved body. The doctor and her Indian helpers consult together as to how best to bring back vitality to the tiny frame, but it has already gone through too much, and before long the spark of life which is flickering so feebly dies out, and the "spirit returns to Him who gave it."

E. G. S.

## WOMEN IN THE PUBLIC HEALTH SERVICE.

This month's *Englishwoman* is an admirable number, and "Women in the Public Health Service," by Maude Meredith, is very clear and incisive. She touches on the exclusion of women in the administration of hospitals, and writes on the work of School Nurses, District Nurses, and Sanitary Inspectors. On Inspectors of Midwives she makes the following pertinent observations:—

### INSPECTORS OF MIDWIVES.

The man midwife is a comparatively recent innovation in this country, and is almost unknown in many parts of the Continent. Madame Romanoff writing in 1868, points out that in Russia a medical man is rarely called in in maternity cases, but that, in spite of this, fatal cases are of far less frequent occurrence in Russia than in England. She also tells us that ladies practising midwifery have much the same social status as doctors, and receive a high rate of remuneration both for private cases and when employed under Government. The idea of employing doctors in such cases only became general during the last century, the feeling against the presence of a man being extremely strong. But, as the science of surgery progressed, it became clear that midwives were lagging far behind the rest of the medical profession in knowledge and skill, and, in spite of their efforts to secure facilities for training, and the championship of some of the more enlightened and chivalrous medical practitioners, the doors of every place where adequate training could be obtained were closed to them. Naturally, therefore, women began to overcome their natural reluctance to employ a man, and to prefer to entrust themselves to a skilled surgeon rather than to the more or less amateurish practitioners of their own sex.\*

An article in "Tair's Magazine," in June, 1841, sums up the position very fairly.

The "accoucheur" (says the writer) is a profession nearly altogether wrested out of the hands of women, for which Nature has surely fitted them, if opinion permitted education to finish Nature's work. But women are held in the bonds of ignorance, then pronounced of deficient capacity, or blamed for wanting the knowledge they are sternly prevented from acquiring.

\* See *Medical Women*, by Dr. Jex Blake.

At the present time, women are entirely unrepresented on the large majority of public bodies responsible for administering the Midwives Act. The inspection of midwives is largely carried on by men, and, as has already been pointed out, women are not allowed to compete on fair terms for most of the posts in maternity hospitals. The latest available report states that only seventeen English counties, one Welsh county, and seven county boroughs have appointed women on their Midwives' Executive Committee. There is no excuse for this failure to consult feminine opinion, as ladies who are not members of the Council may be co-opted to serve on the Committee, and it is impossible to believe that in any district there should be no suitable woman available to serve.

The Midwives Act, 1902, which forbade the practice of midwifery by uncertificated persons after a certain date, laid upon County and County Borough Councils the duty of exercising general supervision over all the midwives practising in their area. A considerable number of councils have now appointed special Inspectors of Midwives, these being usually women doctors or trained midwives, while some boroughs have placed the duty of inspection upon their sanitary inspectors or health visitors. But, in many places, the medical officer of health is responsible for the work of inspection, while in some the council attempts to administer the Act without expert assistance. Could anything be more absurd than a body of male amateurs supervising the practice of midwifery?

The salary of an inspector of midwives varies from £60 per annum to £300, the usual remuneration being between £100 and £150. The status and remuneration of midwives needs to be raised. Considerable anxiety is felt in the profession as to how their position will be affected by the Insurance Bill, and efforts are being made to secure their representation on the local health committees.

## CENTRAL MIDWIVES BOARD.

The second special meeting of the Central Midwives Board was held at the Caxton House, Westminster, on Tuesday, January 30th. The Board, presided over by Sir Francis Champneys, heard charges alleged against fifteen cases, two of which had been adjourned from the previous meeting, held on January 26th.

### STRUCK OFF THE ROLL AND CERTIFICATES CANCELLED.

Hannah Cooper (No. 20515). She had been previously cautioned. She was charged with negligence in respect of mother and child, both of whom died.

Elizabeth Cox (No. 17163), charged with negligence in two cases, one of whom died.

Ann Freestone (No. 20168). Charged (a) with being under the influence of drink while visiting a

patient (this was borne out by the doctor's evidence), and (b) with negligence in failing to procure medical assistance for inflammation of the child's eyes.

Bridget Mary Marriott (No. 18879). Charged with being drunk and disorderly. No defence.

Rebecca Riding (No. 5830). Negligence. She allowed the patient to stand during the delivery of 'after-birth. The Medical Officer of Health, in giving evidence, said the midwife's hands were moderately clean; not so dirty as midwives' hands sometimes are.

Ann Wright (No. 1216). Negligence in neglecting to procure medical assistance for infant's eyes. The sight of one eye destroyed, and the other not likely to be saved.

Mary Ann Wright (No. 20939). Negligence in three cases. In two cases she neglected to procure medical assistance for the mothers, one of whom died, and also in the case of premature feeble twins.

### SEVERELY CENSURED.

Emma Smith (No. 21201). Failure to visit her patients according to rules. Her defence was that the chloroform used at a case where she was present overcame her and made her ill for some time.

Mary Elizabeth Beald (No. 16382), Staffordshire. Negligence in failing to procure medical assistance. Patient died.

Jane Elizabeth Hollinshead (No. 1555). Negligence in failing to procure medical assistance. Child blind. Previously a good character.

Sarah Rogers (No. 950). Negligence in failing to procure medical assistance for inflammation child's eyes, for ruptured perinæum, torn up to rectum, which midwife did not observe, and for rigor, with raised temperature and offensive lochia.

The chairman pointed out that it was only her previous good record that saved her from having her name struck off.

### CENSURED.

Susan Barratt (No. 19780). Negligence in respect of inflamed eyes.

Maria Salt (No. 18338). Failed to procure medical assistance for prolapse of cord. Defence: The doctor on a similar occasion had said she could do it as well as he.

### CAUTIONED.

Eliza Hipkiss (No. 11424). This midwife was tried for manslaughter and acquitted. She had failed to procure medical assistance for inflammation round the navel.

### NO JUDGMENT.

Marion Agnes Holmes (No. 3106), London. District Midwife to the Lying-in Hospital, City Road. By the rules of the Hospital, she is not required to wash the child after the first time, nor to visit in accordance with Central Midwives' Board.

The chairman pointed out that the rules of the charity must be brought into line with the Board, and that he was not sure it was legal for the midwife to charge an extra 3s. 6d. for washing the baby.



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## EDITORIAL.

### THE INSPIRATION OF INTERNATIONAL CONGRESSES.

For the majority of nurses life is for the most part a round of ever-recurring duties. Whether in hospital, in private nursing, or in the homes of the poor, work is all absorbing, and the longing comes at times for rest and refreshment, for mental as well as physical uplift.

The desire is both natural and legitimate, but mental refreshment seems often almost unattainable. When holidays set the nurse free for a short time it often happens that she avails herself of them to discharge other obligations, and though she may have change of scene and physical rest, the mental rest remains an unfulfilled dream.

To such members of the nursing profession the meetings of the International Council of Nurses afford the opportunity which they need. Those who have once attended one of these meetings know that they would not willingly miss their inspiration in the future. That is one of the reasons why there has been an increase of hundreds in the numbers attending each succeeding Congress held in connection with the meetings of the International Council. For, on each occasion, many who have never before been present—inspired by what they have heard and read—come from various countries to share in the privileges and pleasures of the gathering, while former members all make a great effort to be present to share its joys.

This year the happy opportunity again occurs, and the nurses of all nations will foregather at Cologne to participate in what promises to be one of the most delightful reunions yet held. But privilege

begets responsibility, and it behoves each National Council affiliated to the International Council of Nurses to do its utmost to contribute to its success. Consequently, the National Council of Great Britain and Ireland is meeting this week to consider Cologne Congress business, for August will now soon be here, and it is time for arrangements to be well in hand.

Those of us who have had the joy of attending former meetings are looking forward with longing to the time when once again we shall see leaders of the nursing profession from all over the world, hear speeches and papers full of the practical wisdom begotten of experience, take part in the interesting discussions which follow, and gather up for our own instruction the lessons of each day. In the less formal meetings connected with the Congress, and at the social gatherings, we shall once more renew the friendships which have made life brighter and fuller for us, and we shall without doubt make new acquaintances whose friendship will henceforth gladden us and help to encourage us in search of the ideal.

In our experience there is no time of greater refreshment to those nurses who live strenuous lives, and who in their battle for right are often brought into conflict with the forces of reaction—as is the case with those who are working for the better organisation of the nursing profession, and better conditions of life for its members—than an International Congress, where there meet together nurses of all nations, inspired by the same aspirations, hopes and ideals, where for a time the sound of controversy is stilled, and all co-operate to advance the welfare of the sick, and the good of the nursing profession. It is a time in which to gather strength, to arm oneself for the battle of life.



## MEDICAL MATTERS.

### EPIDEMIC POLIOMYELITIS.

We have previously referred to a memorandum on the subject of Epidemic Poliomyelitis issued to Sanitary Authorities by the Local Government Board in December. Some further reports on the subject have now been issued in a volume preceded by a letter by Dr. Newsholme. Dr. Reece contributes a report on the prevalence of the disease in Devonshire and Cornwall, Dr. Reginald Farrar one in reference to the Midland Counties and Dorsetshire, and Dr. Mervyn Gordon on etiology and histology with reference to immunity, and a report from the same pen in reference to cases in Cornwall and Devonshire. Some notes on epidemiology are also contributed by Dr. Hugh A. Macewen.

The disease was at first supposed to be cerebro-spinal meningitis, but on investigation Dr. Reece arrived at the conclusion that the outbreak was poliomyelitis, and not concurrently with cerebro-spinal fever.

Dr. Reece reports that when he first visited Bude, Stratton, Holsworthy, etc., he impressed on the district councils concerned that they should use all available means to ascertain the number of cases which had occurred and were arising, and get ready suitable isolation hospital provision in view of the probable infectiousness of the malady, the large number of summer visitors in the neighbourhood, and the difficulty of giving satisfactory treatment and isolation at the homes of those attacked. The Stratton and Bude Urban and the Stratton Rural District Councils were then conjointly erecting an isolation hospital; but as the building had not advanced very far they promptly provided tents erected on the hospital site.

Dr. Reece reports further that the Holsworthy Urban and Rural District Councils had been well advised by Dr. Gray, the Medical Officer of Health of these districts, and he refers to various cases to show that prompt isolation of individuals might have done much to limit the spread of the disease. He found, however, in these districts, and later had similar experiences in both counties, that there was great reluctance on the part of the local authorities to do anything which would either involve expenditure of money or in any way advertise the fact that the disease then understood to be "spotted fever" existed in their districts, as they feared that by so doing their holiday traffic might be prejudicially affected.

In the Holsworthy Urban District Dr. Reece reports "the clerk of the authority went out of his way, in my opinion without any justification, to allay the public anxiety by claiming that hospital accommodation was available." He appends photographs of the isolation hospital representing a tumble-down, unfurnished hovel, with several inches of water in the ground floor rooms after a month's dry weather.

The Urban District of Ilfracombe arranged for a voluntary system of notification, fearing to frighten visitors from the town. Dr. Reece considers the wisdom of this course open to question, as in the first place visitors might have greater confidence in compulsory notification; and secondly, in the absence of statutory duty medical practitioners are loth to notify such cases. In most of the districts hospital provision was not available, and in the case of a nurse who contracted the disease while nursing a confinement case in a cottage, the difficulties of isolation were so great that eventually the medical attendant, in the face of adverse criticism, took the nurse into his own house, isolated her as far as possible, and engaged a nurse to attend her.

### TSETSE FLY AND SLEEPING SICKNESS.

A correspondent from Rhodesia informs the *Standard*, in reference to the statement to the effect that Dr. Kinghorn, who is now in North-Eastern Rhodesia with the British South Africa Company's Sleeping Sickness Commission, had succeeded in transmitting trypanosoma rhodesiense (sleeping sickness) by means of the common tsetse fly (*Glossina morsitans*), Dr. Fleming, the medical director, expresses the opinion that if it be proved that the Luangwa outbreak of sleeping sickness is being transmitted by *Glossina morsitans*, and not by any other biting fly, then as far as Southern Rhodesia and the rest of South Africa is concerned the outlook is quite hopeful, *morsitans* being so scattered in Southern Rhodesia that it would be easy to prevent the immigration of infected natives to other areas.

The outbreak at Luangwa, Dr. Fleming adds, is apparently very scattered and sporadic in type, while in view of the large native population the cases of sickness were comparatively few in number, the spread of the disease being by no means rapid.

The B.S.A. Company's Commission in North-Eastern Rhodesia and the Imperial Government's Commission, under Sir David Bruce, in Nyasaland, are in active communication with each other on the subject.

## OUR PRIZE COMPETITION.

ENUMERATE THE PRINCIPAL REASONS FOR THE DECREASE IN INFANT MORTALITY IN RECENT YEARS. HOW CAN TRAINED NURSES AND MIDWIVES ASSIST IN SECURING A CONTINUAL DECREASE?

We have pleasure in awarding the prize this week to Miss Florence Bloy, St. George's Infirmary, Fulham Road, S.W., for her paper on the above question.

### PRIZE PAPER.

Broadly speaking, the decrease in infant mortality in recent years is due to the increased sensitiveness of the public to the needs and claims of the child before and after birth.

This has resulted in the following means being taken (by legislation or charitable enterprise) to protect and preserve child life.

1. The increased purity of the milk supply by constant supervision and frequent analysis, the establishment in some cases of a municipal milk dépôt.

2. Improvement in housing conditions, since in many cases the infant spends its whole life up to one year of age in the home.

3. The passing of the Midwives Act, which excludes untrained women from attendance at births.

4. The notification of Births Act, which enables the Public Health Authority to have its eye on the child from the first day of birth. (This Act is, unfortunately, optional.)

5. The Children's Act of 1908.

6. The appointment of an increased number of women health visitors, district nurses, &c., and the resultant education of the working woman in the elementary laws of hygiene and infant management.

7. The establishment of kitchens for the feeding of nursing mothers.

8. The establishment crèches, so that infants are well looked after during their mothers' absence at work.

Trained nurses and midwives can assist in securing a continual decrease in infant mortality by the following means:—

1. By carrying out their professional duties efficiently and conscientiously.

2. By being tactful and courteous in dealing with their patients, gaining their confidence and using their opportunity to instruct the mothers where necessary in the care of infants, personal hygiene, &c.

3. By keeping a sharp look-out for and advising treatment of venereal disease, especially in pregnant women, and persuading such patients to persist in treatment until cured;

also in instructing infected mothers in the means for preserving their children from infection.

4. By interesting themselves in any scheme, legislative or otherwise, whose object is the improvement of the condition of working women both before, during, and after their confinement.

5. By encouraging the mother to prepare beforehand, if possible, for her confinement, and instructing her as to the judicious expenditure of the maternity benefit that will soon be hers.

6. By carefully reporting to the proper authority any insanitary conditions or neglect.

7. By doing all they can to hasten the time when women representatives shall be found on all public committees, &c., that have to deal directly or indirectly with the public health.

### HONOURABLE MENTION.

The following competitors receive honourable mention: Miss Anna M. Cameron (Bournemouth), Miss G. Thomson (London), Miss O'Brien (Cork), Miss C. Jackson (Bournemouth), Miss A. Jenkins (Liverpool).

Miss Cameron mentions, amongst other contributory causes to the decrease in infant mortality of recent years, the efforts of physicians and surgeons to find adequate remedies to combat and counteract infantile diseases, the labours of trained nurses and midwives working everywhere, the good work done by health visitors, the weeding out of the uncleanly Gamp, improved sanitary conditions, the decrease of drunkenness in both men and women helped by the clergy working in poor districts, the efforts of the Society for the Prevention of Cruelty to Children, the publicity given to alleged cases of baby farming, and the good work done by the professional nursing journals, which help to keep alive a nurse's sense of her deep responsibilities.

Miss G. Thomson writes that the fuller knowledge spread by lectures and suitable literature is a potent means of influencing the infant mortality rate. She considers that working-class mothers throughout the country eagerly desire instruction, and follow teaching they receive both by these means and through lectures and literature with pathetic fidelity.

Miss C. Jackson is of opinion much more might be done if the working classes employed midwives throughout the lying-in period as often a friend or relative attends the patient after delivery by the doctor, or, what is sometimes worse, a woman calling herself a monthly nurse, but who has had no training, and who is ignorant and dirty, and who probably has

not even the interest in the baby which a relative has. In these cases also the mother has no one to teach her the best way of looking after her baby.

A great deal has been done by Infant Consultations and Schools for Mothers, especially in France and Germany, where there are municipal schools. France was the first to start these schools in 1893, when she realized that if the birth rate decreases, the next best thing to do is to save all the babies you have got.

#### QUESTION FOR NEXT WEEK.

Mention any methods with which you are acquainted for making disagreeable drugs as palatable as possible.

### THE INTERNATIONAL COUNCIL OF NURSES.

DEAR EDITOR,—Because of changes being made by the German Board of Education in the summer vacation, Sister Agnes Karll has had to withhold final announcement of the date for the Congress of Nursing to be held in Cologne, and this in turn has delayed me in writing to remind your readers of the meeting. However, it is now decided that the meetings will open on August 4th.

May I remind nurses' national organizations that we hope to get one full report from each country, showing the extent of all new lines of nursing, such as may be called "social" or "preventive" work, either in the public services or under private initiative? Of course, public-school nursing is included with new developments in visiting nursing and every similar branch of what Florence Nightingale would undoubtedly call "Health Nursing."

From every country where Registration is in force we ask also a report on the workings of State registration—what it does—how it may be improved—whether it is or is not a force for the advancement and strengthening of good nursing standards.

We do not now need the general kind of report which we formerly asked for countries in membership, as we now know pretty well the general lines of one another's development. But we hope to take up seriously and steadily the work of studying, comparing, and standardising nursing education the world over. This will be done in connection with the Reports of the Education Committee, of which Miss Hubrecht of Holland is Secretary.

LAVINIA L. DOCK, R.N.

*Hon. Sec. International Council  
of Nurses.*

#### ARRANGEMENTS FOR COLOGNE.

Final arrangements are not yet made for the social functions at Cologne. The Nursing Exhibition may be opened on the 3rd August. Anyway, the evening of Sunday, the 4th inst., will, after the custom in foreign countries, be spent in giving a welcome to the Delegates. The meeting of the International Council will be held on the morning of Monday, 5th August, and the Nursing Congress will open on the afternoon of that day. Delegates therefore should arrive in Cologne on Saturday, 3rd. This arrangement has been made by Miss Mollett, for the Matrons' Council Party she is going to chaperone, who will notify Sister Agnes Karll of the names of those who form it, so that tickets, badges, &c., will await them.

Next week in the Report of our National Council Meeting further details will be announced.

Miss Beatrice Kent has for some weeks past been compiling a report of nurses' social service work in Great Britain and Ireland. May we invite those who are interested in its various branches to communicate with her at The Nurses' Lodge, 9, Colosseum Terrace, Regent's Park, London, N.W.

### THE MATRONS' COUNCIL.

We are informed by the Hon. Secretary, Miss Mollett, that owing to extensive improvements and rebuilding Miss Macintyre, the Matron of the Royal Albert Edward Infirmary, Wigan, deeply regrets that she cannot entertain the Council in April, but the pleasure is only deferred.

### MIDLAND MATRONS' ASSOCIATION.

The appointment of Miss Musson as matron of the General Hospital, Birmingham, was not only a very fortunate selection for the hospital and its nursing school, but for the interests of nursing in the midland counties. Until the advent of Miss Musson no matron took the initiative touching professional co-operation, but, through the organization of the Midland Matrons' Association the matrons in these counties now meet in a most friendly spirit and discuss in the most helpful manner many questions of interest. We hope this Association will depute a fraternal delegate to represent it at Cologne, as one Session is to be devoted to a discussion on "The Position and Duties of the Hospital Matron," with a view to interesting German hospital authorities in their responsibility in the matter.



## THE IRISH NURSES' ASSOCIATION.

The monthly meeting of the Executive Committee of the Irish Nurses' Association took place on Saturday, 3rd inst., at 34, St. Stephen's Green, Dublin.

The revision of the Rules was under consideration, and several amendments were passed on trial.

A letter was reported from the President of the National Council of Nurses of Great Britain and Ireland, inviting the Association to nominate one of the four Official Delegates to represent the Council at the Triennial Meeting of the International Council of Nurses, to meet at Cologne on August 5th next.

Mrs. Kildare Treacy, a past President of the Irish Nurses' Association, was invited to represent it, and consented to do so. Mrs. Treacy is fully acquainted with International Council Business, as she has attended meetings in both Paris and London, and, as a good linguist, is admirably fitted in every way for the important office.

The remaining three Delegates will be nominated at the meeting of the National Council to be held in London on the 15th inst.

### SYMPTOMS AND SIGNS.

Dr. J. Marshall Day gave a lecture to the members on Tuesday evening, 6th February, the subject being "Symptoms and Signs." Dr. Day took several symptoms which are common to many diseases, such as headache, temperature, diarrhoea, cough, &c., and in enumerating the different kinds of each symptom showed how it became the sign of a particular disease. He impressed on the nurses the necessity of carefully watching and noting the symptoms in a patient, and of giving intelligent reports. The lecture was listened to with great interest, and the members carried away many useful hints. Miss Roberts presided, and a hearty vote of thanks, proposed by Mrs. Rice and seconded by Miss Shuley, was given to Dr. Day at the close of the proceedings.

## NURSING HANDICRAFTS EXHIBIT.

We wish to draw the attention of those nurses who have written wishing to compete for Prizes in the Nursing Handicrafts Section at the Exhibition in the Horticultural Hall, S.W., to be held in April, to the rule that Prizes will only be awarded for *Complete Sections*, and not for single items. The Consolation £1 1s. Prizes are open to single specimens of Handiwork (see page ii. of our cover). All communications to be addressed to the Editor at 20, Upper Wimpole Street.

## THE NURSES' HOMAGE TO DICKENS.

### SAIREY GAMP AT HOME.

Hearty congratulations to Miss Cutler upon the great success of the Dickens Party organised by her at the Doré Galleries on the evening of Feb. 7th. Everyone present agreed that it was a most cheery and picturesque gathering. Long before the hour at which Sairey Gamp and Betsey Prig had intimated their pleasure to receive the guests they began to arrive, and great was the amusement and admiration expressed as each character appeared. The make-up and dresses were simply wonderful, and many friends were almost unrecognisable in their marvellous disguises.

The hostess Sairey Gamp, inimitably portrayed both in costume and character by Miss Ellen Birch, of St. Bartholomew's Hospital, played her part with great humour, and her faithful crony, Betsey Prig, Miss Hunter, was equally personable; the former rosy and round, the latter lank and lugubrious.

Miss Beatrice Cutler, perfect as Madame Mantalini, and to whom the success of the evening was due, circulated genially around, dressed in a full, flounced, fringed, striped fawn silk gown, worn over a graceful crinoline, with a black and gold turban surmounted by two most frisky white feathers, added to which her glittering old cut steel ornaments, long earrings, necklet, hair comb and bag gave a most realistic touch to her whole costume. So full of *esprit* and *bon ton* was Madame Mantalini that we must presume we met her in the days of comparative prosperity, when head of the celebrated millinery establishment, and before—poor dear—her persuasive husband had spent all her money and reduced her to turning a mangle!

At 8.30 the reception began, and immensely amusing it was to watch. Had it not been for the uniform of the modern nurse, we might have been taking part in a "rout" during the Regency.

Sairey and Betsey welcomed their guests with great urbanity, and with the shady characters they were evidently on terms of intimacy. For instance, the Artful Dodger took part in the reception, and, played by Mr. Lukis, was at his old pranks before one realised his vicinity. Sairey's snuff-box, the first prize incautiously left upon the table and other unconsidered trifles found their way into the portentous pockets of his ragged coat, and much ado there was to prevent persons of unblemished antecedents from calling in the "watch" and handing him over to the not too tender mercies of the law.

Amongst the earliest arrivals were Mrs. Kenwigs (Miss Lardner, Home Sister, Bart's.) and her four fascinating girls, the Miss Kenwigses. The get-up of this family group was absolutely perfect. All were dressed alike in full, short, white muslin frocks, low

Nickleby taught them French that they might be educated up to them; but whether or no these expectations were ever fulfilled, we cannot believe that these rosy-posy pretty dears could ultimately remain unappropriated blessings. The Misses Clowes, Latham, Vergette



SAIREY GAMP RECEIVING THE MODERN NURSE.  
THE ARTFUL DODGER "PINCHING" SAIREY'S SNUFFBOX.

bodices and short sleeves, well adorned with blue ribbon. To placate prudery, long white muslin pantaloons frilled at the ankle were worn over white stockings, and dainty little black slippers with elastic bands. This charming quartette wore their magnificent fair hair parted in the middle, two long depending plaits tied with blue ribbon bows reaching to the waist. We know that besides their beauty they had "expectations," and that Nicholas

and Hale, all sisters at Bart's, are greatly to be congratulated on their histrionic talent.

Dora Copperfield, David's sweet little "child wife," was evidently a favourite character, as there were no less than four charming Doras to be seen—Lady Maud Keith-Falconer, Miss Liell, Miss Turner, and Miss Notman. The costumes of the two latter were really lovely—full, floating and very becoming: one in pale blue sheeny silk, with bonnet and gauze

veil to match; the other in mauve silk, the modish bonnet trimmed with blushing pink roses inside the brim.

The Florence Dombey of Miss Paterson (Sister Mary, Bart's.) won universal commendation (and also won the ladies' prize). She was altogether the "real thing," being entirely dressed in family garments worn by her

"The Tale of Two Cities" was well to the fore. The Lucie Manette of Miss Mew, Madame de Farge of Miss Simms in *bonnet rouge*, with her bloodthirsty knitting, and grand red-haired Miss Pross was very well impersonated by Miss McGregor and Miss MacCormac. Mr. Jennings was the Public Prosecutor, and Mr. Feiling appeared a very



MRS. KENWIGS AND THE MISS KENWIGSES.

grandmother. Nothing could have been more beguiling—a soft gathered fawn silk gown, white muslin fichu, mittens, of course, and on her demurely dressed head the most cunning thing in caps imaginable, composed of delicate old lace, pink gauze ribbon streamers and baby gauze flowers, a few old pieces of antique jewellery such as our great-grandmothers loved, together with a chaste and chastened demeanour, made alive the Florence Dombey of Dickens.

fascinating Sidney Carton, to whom the Georgian dress was extremely becoming; he aroused afresh all the ardent admiration and sympathy of the fair sex, which this greatest of lovers always inspires. The question was, how could Lucie prefer another before him?

No character was better sustained than that of Mrs. Corney, by Miss Bushby, the popular matron of the Queen's Hospital for Children, Hackney—a dress of shining black silk, and plenty of it, a little black apron trimmed with



white, a flowered crêpe fichu, and a white cap tied under the chin with black velvet over bunches of glossy black curls—made a perfect picture—and small blame to Bumble!

Then there was a trio from the Royal Free Hospital, than which nothing could have been more life-like.

The Mrs. Todgers of Miss Rundle, most gorgeous in sky blue *poult de soie*, her face peeping coyly from the depths of a white straw poke bonnet, lavishly trimmed with flowers and rosettes. The Mrs. Squeers of Miss Meares, in black skirt, lace trimmed dressing jacket and huge mob cap, was at once located by the pudding basin and large wooden spoon, ready at any moment to mix and administer brimstone and treacle to the boys from Dotheboys Hall (had any of them ventured to be present), her good intentions being, as we know, to keep them in health and quell their abnormal appetites.

The Miss Pecksniff of Miss Hogg was to the manner born.

Betsy Trotwood and Mrs. Lupin, of course, were there, Miss Farley as the former, in her more human vein; and as for Miss Elma Smith as the landlady of the "Blue Dragon" at Salisbury, gowned in black satin painted with giant crimson roses, with muslin apron

and frilled white fichu, a gorgeous Paisley shawl over her arm, and a wondrously becoming cap tied over her tiers of grey curls, no one wondered that Mark Tapley the ostler fell a victim to her buxom charms.

But who were these? Two chubby boys in

black. Trews, gaiters, cut away coats with velvet collars, brocaded satin waistcoats, white fronts and black ties, lank black hair, worn to the shoulders, very black brows, and sparkling eyes. The mysterious pair were masked, and just of a height. They entered arm in arm, bowed, and together passed into the crowd. The Brothers Cheeryble! But who were they? That is still a well kept secret.

Miss Storr was there as charming Little Nell, and the Miss Flite, of both Miss Wade and Miss Strong, were excellently natural. Several Dolly Vardens were gaily flitting around. Miss E. Spencer,

in quilted blue petticoat, cream sprigged paniers and a large flowered hat coquettishly adjusted on golden curls, was greatly admired. Miss Constable and Miss Pearse were also very bright in this sprightly character; and the "Marchioness" of Miss Bellamy, from Hendon Infirmary—poor little drudge!—claimed a passing tear.



THE PRIZE COSTUMES:  
FLORENCE DOMBEY AND THE ARTFUL DODGER.

Mrs. Gummidge, Peggotty, Mary Weller, Miss Jemima Evans, Mrs. Bardell, Mrs. Cratchett, and many others combined to make the Nurses' celebration of the Dickens Centenary a very memorable and refreshing occasion.

Only one thing would have added to the charm of the evening. Glad as we were to see so many young men in evening dress, we should have preferred them in character.

The ballot for Prizes resulted in the Florence Dombey of Miss Paterson being acclaimed the most perfect, and she was presented by Sairey with a silver-mounted bottle of scent. To Mr. Lukis as the Artful Dodger was given a silver match-box, and a consolation prize was to be awarded to the "Kenwigses" for fear the dear young things might be disappointed.

A Palmist, Miss Nora Snowball, hidden away in a place of mystery, was kept busy informing us of our wonderfully charming personalities and noble characteristics.

The entrancing orchestra of Mr. Frank Ivimey enlivened the evening with delightful music. He played a waltz—it was fatal. Who could resist it? Certainly not the gay company present. In half a minute many apparently incongruous couples had joined the whirling throng, after which dancing became general. This most amusing evening ended up with Sir Roger de Coverley, most of the company dancing until they were out of breath. Then "God Save the King" gave the signal for good night.

The Central News, 5, New Bridge Street, E.C., took a series of excellent photographs during the evening, from which our illustrations are reproduced. We only regret that for lack of space we are unable to present the whole series.

#### MATRONS.

### THE RESIGNATION OF TERRITORIAL NURSES.

Nurses are not a very business-like class, but courtesy demands certain duties from them. For instance, resignations of office or service should always be written, and this even should the service be voluntary. Thus, when a volunteer matron, sister, or nurse finds it necessary to resign from the Territorial Force Nursing Service she should write to her Principal Matron and inform her so, in a business-like manner. Principal Matrons are all very busy women, and in their relations to their staff everything should be done by the latter to save friction and trouble.

### APPOINTMENTS.

#### MATRONS.

**Royal Albert Hospital, Devonport.**—Miss M. Gilkes-Robinson has been appointed Matron. She was trained at the Brentford Infirmary, and has been attached as Private Nurse to the Swansea Hospital; Sister at the Royal Infirmary, Gloucester; Sister and Assistant Matron, with charge of electrical and massage department, at the Devonshire Hospital, Buxton.

**Putney Hospital (Chester Bequest).**—Miss Lucy F. Cripps has been appointed Matron. She was trained at St. Thomas's Hospital, where she has taken the duties of Night Superintendent, Sister, Housekeeping Sister, and Assistant Matron. She has also done Matron's duties at Chichester Infirmary.

#### ASSISTANT COUNTY SUPERINTENDENT.

**Surrey County Nursing Association.**—Miss May Evans has been appointed Inspector of Midwives and Assistant County Superintendent. She was trained at the Royal Southern Hospital, Liverpool, and has since worked as holiday staff nurse at St. George's Hospital, W., District Nurse under the Chester District Nursing Association (2½ years), Inspector of Midwives, Glamorgan County Council (4 years), and for three months on the staff of St. Luke's Hospital, Chicago. She holds certificates of the London Obstetrical Society, Central Midwives Board, Royal Southern Hospital (4 years), and the Royal Sanitary Institute.

#### ASSISTANT MATRON.

**Glasgow Royal Asylum, Gartnavel.**—Miss Jane Minty has been appointed Assistant Matron. She was trained at the District Asylum, Aberdeen, and at the Royal Albert Edward Infirmary, Wigan.

#### NIGHT SUPERINTENDENT AND HOME SISTER.

**The General Hospital, Bristol.**—Miss Maud M. Cooper has been appointed Night Superintendent and Home Sister. She was trained at the North Staffordshire Infirmary, Stoke-on-Trent, where she subsequently held the position of Sister in the Children's Ward, the Male Surgical Ward and the Theatre. She has therefore had a varied experience to qualify her for her responsible position.

#### NIGHT SISTER.

**Royal Victoria Hospital, Bournemouth.**—Miss L. A. Brown has been appointed Night Sister. She was trained at St. Thomas's Hospital, London, and has held the position of Night Charge Nurse at the Sussex County Hospital, Brighton, and of Sister at the Royal Hospital, Richmond, Surrey.

#### THEATRE SISTER.

**St. Bartholomew's Hospital, Rochester.**—Miss Annie M. Latham has been appointed Theatre Sister. She was trained at Leeds General Infirmary, where she was also Staff Nurse.



**CHARGE NURSE.**

The Workhouse Infirmary, Thornbury, Glos.—Miss Lear has been appointed Charge Nurse. She was trained at Aston Infirmary, Birmingham, and has been Charge Nurse at Oldham Workhouse Infirmary.

**QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.**

Miss Clara M. Chadwick, R.R.C., is granted permission to retain the badge of Queen Alexandra's Imperial Military Nursing Service in recognition of her long and devoted service.

**QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.**

Miss Muriel Neison has been appointed Sister. She was trained at King's College Hospital, London, and has since been sister at the Walker Hospital, Simla, India. She has also been sister at the East London Hospital for Children, Shadwell and at the Hospital for Women, Soho Square, London. Miss Neison holds the C.M.B. Certificate.

**QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.****ASSISTANT SUPERINTENDENT.**

Miss Harriet Austin has been appointed Assistant Superintendent to Lincolnshire. She was trained at Brownlow Hill Infirmary, Liverpool, and subsequently worked in Wales—at Treorchy, Cardiff, Welshpool and Aberystwith. For a short time she worked as School Nurse under the Derby Education Committee, and returned to work under the Institute at North Malvern, Worcester, where she took her C.M.B. Certificate. Before training, Miss Austin worked at the Union Infirmary, Stroud.

*Transfers and Appointments.*—Miss Marion Bailey is appointed to Boxgrove, Miss Annabella Broadfoot to Heanor, as Senior, Miss Kate Heastie to Blundell, Miss Eva McIlroy to Evesham, Miss Florence Knight to Crawley, Miss Mary Maxwell to Hastings, and Miss Amy Wrightson to Portsmouth.

**THE PASSING BELL.**

We regret to have to announce the death of Miss Julia Lightfoot, who for nearly twelve years was Superintendent Nurse at the Gloucester Union Workhouse Infirmary.

Miss Lightfoot was a native of Nottinghamshire, and was a nurse of considerable experience. Prior to coming to Gloucester as Superintendent Nurse, she held a similar appointment at Cuckfield, Sussex.

The funeral took place at Painswick Cemetery.

**IN MEMORIAM.**

The friends of Miss Sarah Jane Inglis, who worked for ten years as a district nurse at Cockburnspath and Oldhamstocks, Berwickshire, have erected a beautiful granite cross to her memory in the new cemetery at Turriff. It is a notable memorial of the esteem in which she is held by those to whom she was endeared by her kind and sympathetic nature.

**NURSING ECHOES.**

Parliament was opened by the King in State on Wednesday. What the Session will bring forth no one can tell, but we do know that the impious attitude of man towards God's creature woman is the really only vital question of the hour—or of any hour until the souls of women are free. With political power, women will begin to purge the world of many horrors and much hate, and to protect and fight for the weak. As there are few classes of workers placed in a more invidious economic position than trained nurses, let us do our part.

Should Woman Suffrage be carried, the State Registration of Nurses would be one of the very first reforms the woman's vote would accomplish, as Suffragists understand political economy, and they realise that the opposition to it is the natural policy of men and women, who in one form or another exploit nursing labour either for their own personal benefit, or for the benefit of institutions and associations where they control the work of nurses. Much as it is to be regretted, the Nurses' Registration question is now narrowed down to one of economics, and it is far wiser to realise the truth and consider it without any "frills."

We are pleased to report that the Office of Works has signified its approval of the proposal to erect the memorial to Miss Florence Nightingale near the Crimean Memorial in Waterloo Place, London, which is already rich in statues, and as sufficient money has been subscribed for the statue, it is hoped that it will soon be possible to put the work in hand.

It is not improbable that the statue of Lord Herbert of Lea, which is now in the War Office quadrangle, will be moved to a position near that of Miss Nightingale. It is pointed out that the proximity of the two memorials would be singularly appropriate, for Lord Herbert of Lea was a close friend and supporter of Miss Nightingale, and devoted much time to effecting an improvement in the condition of the Scutari Hospital. The Memorial Committee is still advertising for subscriptions, presumably for Nurses' Annuities.

Derbyshire, the county of Miss Nightingale's family, is to erect a statue in her memory, and any surplus from donations will be divided amongst the nursing associations in the county.

The Council of the Trained Nurses' Annuity Fund, of which Dr. A. Ogier Ward is Hon.



Secretary, has issued an encouraging report for the past year. No one has withdrawn, and the subscriptions of new friends have rather more than compensated for the sum lost by the death of old supporters.

£575 has been received towards the King Edward VII. Memorial Annuity, and the Council has bought sufficient stock to found the annuity, and with an addition from the general fund to give a grant of 7s. a week to an ex-army nurse who was disabled in the South African campaign, and whose Army pension was too small to maintain her. She will now have 13s. a week from the combined grants.

There are now four memorial annuities—the Duke of Albany, the Lady Bloomfield, the Prince Christian Victor, and the King Edward VII., but all are at present insufficiently endowed. The Council are most anxious to raise each of these to £26 a year, and ask their friends to persevere in securing special donations for that purpose. Twenty annuities are now in operation, and the Council have aimed at raising the grants in amount before adding to their number. On the other hand, the Council have before them the verified details of more than 30 cases of disabled nurses in urgent need. So the help of all the friends of the Fund is still badly needed.

The Leeds Trained Nurses' Institution, 21, Hyde Terrace, continues to do increasingly useful work. Indeed, many calls during the year have had to be refused, it being found impossible to meet the demand, a fact which speaks well for the efficiency of the staff and for the appreciation in which the nurses are held. Nurses now in the home number eighty-two, and nineteen probationers are in training in hospitals. The cases attended were 3,859, and visits paid 87,049.

We are sorry to note that there is difficulty in procuring the most suitable type of nurse for private service in India, with Lady Minto's Association. But we fear the highly educated class of woman is training in less and less numbers for our profession. We can hardly wonder at this depreciation, as the opposition of hospital committees in London to just educational conditions in the schools, and their most ungenerous fight, led by the London Hospital, to prevent the organization of the nursing profession founded on legal status, is doing inestimable harm to nursing far and wide in all its branches.

The Nurses' Social Union is to hold an exhibition and show its unique collection of health

exhibits in Bristol in May. The Union has already done good practical work in London, Dublin and Leamington by demonstrating to the public matters tending to good health.

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At a recent meeting of the Worcester City Council, at which the Mayor, Alderman E. Thomas presided, the Health Committee reported with regret that irregularities had been found to exist in connection with the management of the Newtown Infectious Diseases Hospital, and especially in connection with the supply of meat. It appears that it has been the practice to supply a more expensive description of meat than that contracted for, but to charge the contract price for it, the difference in cost being met by noting on the invoices a greater weight of meat than the quantity actually supplied.

The explanation given by the Matron was that the meat contracted for was not the best English meat, and that the nurses, who had to do very disagreeable work, did not eat the food if it was not of the best. She also admitted that she had made an arrangement with the butcher to supply lamb, to describe it as "meat," and to increase the weight to cover the difference in price. This the butcher alleged was a common practice.

The Committee recommended that the Matron and the cook should be asked to resign, and this was carried by the Council, which also directed that the name of the contractor who supplied the meat should be struck off the list of persons allowed to tender.

The Council could do no less, but they also have obligations. The duty of every Committee is to provide meat of nutritious quality, especially in hospitals, where the special work is apt to create a capricious appetite. The health of the nursing staff depends upon it, and it is hopeless to contract for foreign meat and to expect a butcher to supply material worth eating. We do not wish to support the Matron in her methods of circumventing the contract, but we do sympathize with her in desiring that the meat supply should be wholesome and nourishing. We congratulate the Worcester City Council on deciding to accept no tender for the present half-year, but to authorize the Matron to purchase for patients and staff the best meat at fair prices.

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The Guardians of the Bethnal Green Union have applied to the Local Government Board for leave to appoint ten additional probationers, in order that the members of their nursing staff

may have one day's rest in seven. The Board has sanctioned the appointment of five, so that the members of the nursing staff will get one day off in a fortnight. If this were the allowance for male officials working under the department what an outcry there would be.

Speaking at Manchester, at a conference of representatives of Nursing Institutes, Mrs. E. Holt, ex-Lady Mayoress, who presided, referring to the National Insurance Act, said that it would certainly be in the interests of approved societies to secure the best means of reducing their sick pay, and she knew of no better way of effecting this than by having good nurses. She advised Societies affiliated to the Queen Victoria's Jubilee Institute to lose no opportunity of approaching approved societies at the earliest possible date, or they might make other arrangements, as Education Committees did when the Act providing for the Medical Inspection of School Children came into force.

Miss Amy Hughes, speaking at the Annual Meeting of the Leicester and District Nursing Association, referred to the fact that under the National Insurance Act Friendly Societies could help Nursing Associations by contributing to their funds. Also under one of the amendments Local Health Committees could give nursing benefits to those insured through the Post Office. In regard to the nurses, as they would have to be compulsorily insured, they wished to have a special approved society under the scheme. She did not fear the result of the Insurance Act on established associations. The reason for the success of Queen's Nurses was that they were fully trained hospital nurses, with special training in the social conditions of the people they were to attend.

The Dickens Fellowship at Portsmouth last week handed to the Mayor £600 specially collected for the Victoria Jubilee Nursing Association.

At a recent meeting of the Lanchester Guardians, when the appointment of a nurse was under consideration, one of the candidates withdrew, another failed to attend, and two refused to accept the appointment on account of the length of the hours on duty. Several Guardians shouted "Strike" as the nurses withdrew, which seems to indicate that the candidates were wise in their decision. Eventually the appointment of a nurse was deferred, pending the consideration of the question of amending the rules.

## THE LEAGUE OF SCHOOL NURSES.

The annual meeting of the above League was held on February 9th at the Education Office.

As the president, Miss Pearse, was unavoidably prevented from attending, the chair was taken by the vice-president, Miss Buxton.

The annual report showed a membership of 85 as against 61 of last year.

The report of the treasurer (Miss Parkman) showed a balance in hand of £4 13s. 6d.

The report from Miss Layton, the secretary of the Benevolent Fund, was a very good one. Eight members had received benefit during the year, and the amount in hand, with a small amount out in loans, amounted to £59 14s. 6d.

The term of office of the treasurer having expired, it was proposed by Miss Williams that she be re-elected; this was seconded by Miss A. V. Barton, and carried unanimously.

Miss Horsfield and Miss Padbury were then elected members of the executive committee, in place of Miss Williams and Miss Waite, who retire after three years' service.

A new committee for the Benevolent Fund and an entertainment committee were then formed.

The Insurance Bill was mentioned briefly.

### THE USE AND HYGIENE OF THE TEETH.

Dr. Thomas had a very appreciative audience on Wednesday, February 7th, when he gave a lecture on "The Use and Hygiene of the Teeth."

He recommended the nurses to know as much as possible about the teeth, so as to be in a position to advise the parents.

In the feeding of children a great deal could be done to prevent caries occurring.

Hard food was necessary for the development of the jaw; there was much less risk of caries in a properly developed jaw, the teeth having room to grow and therefore less risk of overlapping or irregularity. The six-year-old molar was an important tooth to know about, as it was so often considered to be one of the first teeth and of no importance.

The chief cause of caries, Dr. Thomas stated, was the collection of soft food, such as bread and biscuits, round the teeth at night time.

He gave an instance of two families, the children in each case being healthy and well-cared for, but in one the children had carious teeth. After careful inquiry it was found that in the latter, after the customary teeth-cleaning at night, the children were allowed biscuits.

Dr. Thomas considers it a mistake to encourage the use of the tooth brush in the poorest families for obvious reasons.

Get them to eat proper food and rinse the mouth out at bedtime is his advice.

He mentioned the soldiers who were provided with tooth brushes and were discovered later using them for polishing their buttons.

The lecture was illustrated throughout with lantern slides.

R. B. D.



## REFLECTIONS,

FROM A BOARD ROOM MIRROR.

We are glad to hear that every encouragement has been given to the promoters of the Grand Bazaar to be held in the Chiswick Town Hall on May 8th and 9th, in aid of the West London Hospital, to which we referred last week, generous offers of help coming from all quarters. The fact that Her Majesty Queen Amélie of Portugal has graciously consented to open the Bazaar on May 8th means assured success. The West London Hospital is the handiest to nearly a million people and its 160 beds are totally inadequate, it is the most economically worked hospital of its kind in London. The hospital is in great need of funds and the Bazaar Committee have every hope of being able to hand over a substantial sum as the result of their effort.

Sir James Porter, Medical Director-General of the Navy, announced on the 8th inst., at the West London Medico-Chirurgical Society's dinner, that in the last few days the contracts had come in for the first hospital ship in the world—to be built for hospital purposes.

The authorities had at last come to the conclusion, long ago reached by the medical profession, that such a ship was necessary. Great thought had been bestowed on the matter by doctors, sailors and naval constructors, and in eighteen months the ship would be in being.

It is reported that the new vessel will have accommodation for 330 patients in war and 260 in peace, and a permanent staff of eight medical officers and forty male nurses. In all the hospital arrangements the ship will be perfectly up-to-date. There will be two large operating rooms and two extensive preparation rooms adjoining; a special ophthalmic dark room, a dental room, a special laboratory for bacteriological tests, an elaborately-fitted X-ray room, isolating wards, and a magnificently-equipped dispensary, all of which will be inter-connected by telephone. The cots will all be made to swing with the motion of the ship, so as to preserve the equilibrium as much as possible. Ten of the beds will be specially constructed with firmer bottom and somewhat larger, for the use of patients with fractured thighs and other injuries, which require a specially stable bed.

We hope some expert nursing opinion has been invited as to domestic and ward facilities. Cupboards may appear very unimportant items—but for lack of them the whole comfort of a hospital has suffered. Cupboards are but one item in the domestic arrangements of any place to be arranged for human habitation, on which women could give most helpful advice to the medical department at the Admiralty.

It is also to be hoped that women members of Queen Alexandra's Naval Nursing Service will form part of the staff of all hospital ships.

## THE PASSING OF GENIUS.

The death of Lord Lister, O.M., F.R.S., at 84 years of age recalls to mind the enormous debt which the sick, as well as the world of science, the profession of medicine, and indirectly the profession of nursing, owe to his genius. Wounds and operations are now shorn of the greater part of their danger. Hospitals, instead of being death traps, are now the safest places in which to be ill, medicine ranks as a scientific profession, and daily it is increasingly recognized that to render effective aid, to be a help and not a danger to the sick, nurses also must be taught the scientific principles underlying the practice of their art, and must conscientiously and exactly carry them out.

There are those amongst us who well remember the fetish of "puffing Billy"—the antiseptic spray—and the unmoved way in which some of the older-fashioned surgeons insisted that cleanliness was the essential. But the antiseptic methods advocated by Lister, based on the theory of destroying any bacteria which might be present during the dressing of a wound, were an immense step in advance, preparing the way for the adoption of those aseptic methods which are commended by their simplicity and which aim at keeping the tissues free from bacteria instead of destroying them when present. In short, to keep a wound surgically clean.

## LEGAL MATTERS.

## A PROBATIONER'S RIGHTS.

An interesting case is pending, in which a nurse, Miss Fisher, has, through her solicitors, informed the Plymouth Board of Guardians that unless some compensation is offered her for dismissing her at the end of two and a half year's training she will have no alternative but to institute proceedings. The Board nominated their Clerk as their solicitor to accept service on their behalf.

The circumstances were that Miss Fisher was appointed to remain in the service of the Board for three years subject to the rules and regulations of the incorporation. Her agreement with the Guardians was that they might require a probationer to resign at any time in case of inefficiency, neglect or unsuitability for the duties required of her unless the probationer was found guilty of grave misconduct, when the Board might summarily determine the engagement. Miss Fisher felt compelled to tender her resignation on September 18th, but the Board refused to release her from her agreement, so it is obvious that up to that time there had been nothing of which the Guardians could complain. On December 16th she was requested to resign, and, as she declined to do so, her engagement was terminated without any cause being assigned.

It will be interesting to know whether a probationer has any legal rights in such circumstances.



## OUR FOREIGN LETTER.

### THE WHITE SCOURGE IN SOUTH AFRICA.

As several very interesting articles have appeared in your JOURNAL OF NURSING lately, anent the compulsory notification of tuberculosis in England, I thought it might interest you to know a little as to how we stand in regard to this disease in South Africa.

I enclose you a cutting from *The Cape Times* of a few weeks ago that will give you some idea of the extent and difficulty in combatting tuberculosis among so many races and over such a wide-spread area.

With our glorious climate, where it is possible to live at least nine months of the year out of doors, it seems disgraceful to think that tuberculosis should be rampant among us.

In Cape Colony it is chiefly among the "coloured people," or, in other words, the "half-castes," that it works such havoc. They are, as a rule, a weakly race, without the stamina of the purer races, either black or white, and their promiscuous way of living renders them peculiarly susceptible to this form of infection. Depending entirely upon them for all menial offices, both indoor and out-of-doors, tuberculosis among them means a fearful menace to the whole European race of this country. Where we have no workhouses, only the old law recognised of the younger generation supporting the older, you will often find three generations sharing a couple of rooms or a single hut, and if one member suffers from phthisis, and he perhaps the principal bread-winner, the risk of contagion, the poverty and misery is beyond description, and yet I regret to say there is not one Sanatorium for tuberculosis patients in the Union of South Africa.

In Durban the Municipality has started a "Tuberculosis Bureau," where they can get medical advice and medicine free of charge; they also have a Lady Health Visitor for district work.

In Cape Town tuberculosis cases have been notified to the M.O.H. for the last three or four years, and then kept under observation. Attached to the City Infectious Hospital they have a few chalets to accommodate between twenty and thirty patients for treatment, and one afternoon a week, by coming to the Health Department, they can have advice and medicine free.

A Lady Health Visitor has been appointed, who visits all notified cases at their own homes, and keeps in touch with them, when a number of necessitous cases are supplied with milk, medicine and disinfectants, at the expense of the Corporation, also all houses are disinfected after removal or death of tuberculosis patients in the city.

The Free Dispensary also gives one afternoon a week for tuberculosis patients, when they get medical advice and medicine free, and the poverty-stricken ones, milk or food. The General Hospital takes in a few cases, chiefly surgical, or hæmoptysis,

and the hopeless and homeless ones go into the workhouse hospital.

But the saddest part is the number of sick in their own miserable houses who cannot be moved for fresh air or treatment, for we have nowhere to send them.

I hope the day is not far distant when we may have a Sanatorium in every district of the Union, and that can only be done by the united efforts of the Government and local authorities, and no shirking of responsibility, from the one or the other.

What more fitting Memorial to King Edward VII. than the establishment of Sanatoria, where every race, caste and creed would benefit; renewed health and strength to the sick, succour to the dying, and protection for the strong and weak?

GREGORY.

### BOVRIL.

#### GREAT SUCCESS OF SYSTEMATIC FEEDING EXPERIMENTS.

Presiding at the fifteenth annual general meeting of Bovril (Limited), held on Thursday, 8th inst., the Earl of Erroll said that the large sales that marked the close of the year 1910, and to which he had referred at the last meeting, had continued throughout the whole twelve months under review. This favourable result must be in a large measure attributed to the striking scientific confirmation of the food value of Bovril, disclosed by the systematic feeding experiments made with it by that eminent scientist, Professor W. H. Thompson, in conjunction with two other well-known physiologists. The experiments during the present year, which were conducted on human subjects, had given still more remarkable results, and had fully confirmed the tests of the previous year.

Dealing with the accounts, the Chairman said that the gross profit on trading amounted to £343,455, being some £47,000 more than the previous year, and constituted a record in their history. The balance of profit and loss account showed £160,314. This would enable them after paying an increased dividend on the deferred shares, to place £22,500 to reserve account, which would then amount to £212,500.

### KEROL.

We have pleasure in directing the attention of our readers to the offer made by Messrs. Quibell Brothers, Ltd., 161, Castlegate, Newark, to send samples of their guaranteed disinfectant, "Kerol," to members of the nursing profession on receipt of name and address, on the coupon which will be found on page ix of our advertisement pages.

"Kerol" is non-toxic, non-irritant, and non-corrosive and all these qualities should commend it to the attention of both nurses and midwives. It is specially important that the latter, whose work lies in the homes of the poor, where there are few utensils for use, should employ a disinfectant which possesses the above qualities.

## OUTSIDE THE GATES.

## WOMEN.

At the demonstration at the Albert Hall on Monday evening, organized by the Labour Party, the resolution adopted demanded a genuine measure of adult suffrage, conferring full rights of citizenship on all men and women. Mr. Ramsay Macdonald, M.P., stated that the Party was prepared to turn the Government out if women were not included.

The King of Sweden is known to be a man of the highest moral rectitude—and a charming and artistic personality. We can imagine then with what pleasure he would make known to his Parliament his intentions in relation to the enfranchisement of women. The following is a translation of the extract referring to Women's Suffrage, as given in *The Vote* :—

"The electoral reform for the Second Chamber has now done away with the sharp distinction between the classes according to their wealth. But still woman is deprived of the foremost of all civil rights. Consideration due to general righteousness and the welfare of our State necessitates an alteration in this wrong state of things. It is therefore, my intention to submit to the Parliament now sitting the alteration of the Parliamentary code, with a view to give women both the Parliamentary vote and the right to be elected Member of Parliament on the same conditions as men."

A cheque for 700 guineas and an address have been presented to Miss Emily Davies, congratulating her on her fifty years' work for women. The money was raised by the various groups of women who had profited by her labours, especially medical women, teachers, women in Local Government, past and present students of Girton College, members of the University Club for Ladies, and of the National Union of Women's Suffrage Societies, and a few old friends. As Miss Dock says, "it is so much better to thank our wonderful people when they are alive—rather than to wait until they are dead!" Miss Davies intends to offer the money to Girton College towards the much needed extension.

The higher education of women is receiving great encouragement. Last week we referred to the splendid success of the £100,000 appeal made on behalf of King's College for Women, and now it is announced that an anonymous donor has given £30,000 to the Bedford College for Women Building Fund, thus completing the £100,000 required. Another anonymous donor has given £10,000 for the erection of a hall and common rooms; and building is proceeding apace on the lovely site leased from the Crown in Regent's Park. The League of Bart's Nurses will have to look alive and collect the endowment fund of the Isla Stewart Memorial, as, no doubt, the higher education of nurses will have to be taken into account by one of these Women's Colleges at no distant date.

THE SEVENTH  
MARCHIONESS OF RIVIÈRE.

## A PSYCHICAL INTERLUDE.

(Continued from page 114.)

"IF YOU COME NOT, I WILL COME TO YOU."

When Andrea wandered back again it was Spring.

She did not connect her return with home; she had no home, she had no desire to strike roots. This she kept very distinctly in mind. Life was before her, and she was quite determined that she would not trifle with its realities, nothing should be hidden by any conventional veil, or timorous self-deception.

She wanted to know. Oh! so many things. Hunger interested her—it seemed almost ludicrous that so material a question as food could be the crux of the whole universe! Yet she realised that the satisfaction of hunger was the great irresistible motive power of effort—of life. When her purse was empty this fact was forcibly brought home to her. She "had a sinking," she let the pain advance to the pangs of hunger—then she went and spoke with a school friend, married to a philosopher—a man so deeply interested in all questions of social economics that he had no time for social amenities.

This friend grasped at Andrea—"Come and stay for months," she said, "come and liven up this mortal old house, burrow in tomes, make endless notes, stab them with pins, compile statistics, write abstruse articles, which nobody will read, dream, potter, argue, come to no conclusion—ruin your digestion and temper." Any and all these things she promised Andrea she might do to her brain's content, if only she would come. But for her own part Mrs. Leroy had not the temperament of a mole, and she longed to flutter out and enjoy the ephemeral things of life.

Then she burst into tears—and Andrea scented tragedy.

So they struck a bargain.

Thus it was that Andrea made for herself a little niche in the working world of London.

The stately old Georgian house in which she was hidden away, faced the sylvan Green Park—and from her eyrie she looked out on a beautiful world.

The old house was sombre and magnificent—its atmosphere was soothing to Andrea, the fine proportion of its rooms—the delicate mouldings of its ceilings—the inlaid marble mantelpieces—the glitter of the burnished steel grates and dogs, the high polish of the wine-coloured mahogany doors, all these things she loved, and she flitted through its dim and mysterious corridors, a light-footed *spirituelle* figure, "first cousin to a spook," as Mrs. Leroy described her.

The philosopher nibbled his nails furiously, and rumbled his hair, when first she invaded his



sanctum, but by degrees he awaited her coming, and whilst he considered her keen interest in social and political affairs "an abnormal appetite," he could not resist playing the pleasant part of mentor to the craving of so receptive a mind.

\* \* \* \* \*

It was in this mortal old house that the realistic dreams began. Dreams, in which one, as if raised from the dead, called her by name, and lured her to purple shades, or sunny meads, the touch of whose hand sent a thrill to her heart, and in whose grey eyes all the sweetness and grief of life and death were wedded. This shadow spoke of love—yet Andrea cried "If you are Love—come not any more—wait—wait until my soul is free." But he had answered in such pale anguish, "So long have I waited," that she awoke in tears. And yet again as she heard his voice she caught up the diaphanous fabrics which clung about her, and ran with bare feet over the cowslip flowers, very careful not to crush their sunny peeps. Sometimes he came out of the purple distance—and yet again he was waiting in blinding light beside the mill.—Once at parting he whispered "*If you come not, I will come to you.*"

\* \* \* \* \*

One day at dusk the philosopher passed her a letter.

"Fix a time," he said casually.

She went to the window to read it. Her heart leapt. It was signed "Rivière."

"Why trouble to see him," she suggested.

The philosopher peered at her.

"He has ideas," he said, then he added "Is he married?—I hope not—girl delicate—invite him, five o'clock any day."

Any day!

Andrea took up a quill—it hovered over the paper. Then she wrote as desired, in clear and finely-formed letters, the invitation for any day. When it was signed, she enclosed, addressed and sealed, this fateful letter, and slipped into the corridor with it in hand. The post box was in the hall, but as she passed the library she caught the glow of fire. She went within and closed the door. On the rug she knelt and held her hand towards the flame—the light shone through, the letter slipped from her hold—for clearly revealed in letters of gold, the words flashed out "*If you come not, I will come to you.*"

She snatched the envelope from the hearth—almost flew downstairs—and thrust it into the box.

She caught a glimpse of her face in a glass. She started. It was so alert with the light of being.

ETHEL G. FENWICK.

(To be continued.)

A sentence near the end of last week's chapter after being approved by the Editor, was rendered unintelligible by a printer's error. It should read: "rejoicing in the toothpricks their desertion had left her to endure."

## BOOK OF THE WEEK.

### HILDA LESSWAYS.\*

An extraordinary woman is chronicled in these pages, and one who is in a measure attractive, yet more repellent. She is the old story of a round peg in a square hole and one feels that if she had found her niche she would have perhaps possessed the charm she lacks. But it is more likely that she was temperamentally incapable of satisfaction—stormy, restless and ambitious.

Book I deals with her start in life.

"Hilda hated domestic work, and because she hated it she did it passionately and thoroughly. That afternoon, as she emerged from the kitchen, her dark defiant face was full of grim satisfaction in the fact that she had left a kitchen without the slightest indication that it ever had been or ever would be used for preparing human nature's daily food."

She was twenty-one. She was in trouble, and her trouble was that she wanted she knew not what. If her mother had said to her squarely: "Tell me what it is will make you a bit more contented and you shall have it, even if it kills me!" Hilda would have answered, with the fervour of despair: "I don't know! I don't know!"

"Mrs. Lessways went to bed in the placid expectancy of a very similar day on the morrow, and of an interminable succession of such days. The which was incomprehensible and offensive to Hilda."

And there were only those two.

Mrs. Lessways would complain that it was not what Hilda said, but "It's your tone," she said grievously.

Hilda had a consciousness of herself which is more than self-consciousness. Alone she would invent conversations with her mother, silencing the foolish woman with unanswerable sarcastic phrases. Often she would say to herself volupuously: "No, I *will* nurse my grievance; I'll nurse it, and nurse it, and nurse it."

On her own initiative she obtains a post as clerk to the editor of a new paper.

"What was she? Nothing but a clerk at fifteen shillings a week. Ah! but she was a priestess. She was a pioneer. No young woman had ever done what she was doing. She was the only girl in the Five Towns that knew shorthand."

So it may be seen that the date of this story is fixed at some years back.

Hilda finds an outlet in her hero worship of Mr. Cannon, the editor, who, to say the truth, was no hero, but something not far removed from a scoundrel. We are even told that "she walked off rapidly, trying to imitate the fine free, defiant bearing of Mr. Cannon."

After the death of her mother, the summons to whose death-bed she neglects, she is nervously conscious of her lack of filial duty. "She felt in

\*By Arnold Bennett. (Methuen & Co., London.)



her mourning like one who is being led publicly by policemen to the police station. In fancy she could hear people saying: 'Look at that girl in deep mourning,' and she could see herself blushing, as it were, apologetic."

When Cannon proposes to her, she is still able to analyse her sensations.

"She was disconcerted if not panic-struck by the violence of his first kiss, but her consternation was delectable to her. It was incomparably the most splendid and dangerous experience she had ever had." In the supreme moment when she learns that she is not his wife she can think "My life is marvellous." She was dazzled by the capacity of her own body and soul for experience.

This book should be read by those who are wearied with the ordinary novel; there is nothing ordinary about it.

It is wonderfully clever, and the personality of the girl will not be denied, but demands the whole of our consideration.

H. H.

### COMING EVENTS.

*February 15th.*—National Council of Nurses of Great Britain and Ireland. Meeting—431, Oxford Street, London, W.; Cologne Congress Business, 3.30 p.m.; Tea, 5 p.m.

*February 20th.*—Nurses' Missionary League. Lecture: "How to Study the Bible," by Miss J. Macfee. University Hall, Gordon Square, W.C., 10.30 a.m. Tea and coffee, 11.30.

*February 20th.*—Irish Nurses' Association. Lecture "Labour Exchanges." By Miss Brown, B.A. 34, St. Stephen's Green. 7.30 p.m.

*February 21st.*—The Midwives Institute. Post-Graduate Lecture. 3. "Character of Pulse, Temperature, Variations and General Symptoms Observed in Difficult and Complicated Labours, and in Collapse." 6.30 p.m. Fee, single lectures, 1s. to members; 1s. 6d. non-members.

*February 22nd.*—Central Midwives Board, Caxton House, S.W. Meeting 2.45 p.m.

*February 29th.*—Society for State Registration of Nurses. Meeting Executive Committee, 431, Oxford Street. 4.30 p.m.

*February 29th.*—Association for Promoting the Training and Supply of Midwives. Eighth Annual Meeting. Caxton Hall, S.W. Chairman, H. Cosmo O. Bonsor, Esq., 3.30 p.m.

*March 6th.*—The Royal Infirmary, Edinburgh. Lecture: "Clinical Symptomatology in Nursing," by Dr. Matthew. Extra Mural Medical Theatre, 4.30 p.m. Trained Nurses cordially invited.

### WORD FOR THE WEEK.

Man is no starre, but a quick coal  
Of mortal fire:  
Who blows it not, nor doth controll  
A faint desire  
Lets his own ashes choke his soul.

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

### OUR PRIZE COMPETITION.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—I beg to thank you for the cheque, value five shillings, also for your kindness in sending me a copy of last week's JOURNAL.

Yours sincerely,

M. B. WILLIAMS.

General Hospital,  
Great Yarmouth.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—Many thanks for cheque for 5s. received yesterday—on account of the Prize Competition.

With every good wish,

Yours truly,

Sherwood, GLADYS TATHAM.  
Rochampton Vale.

### TRAINED NURSES DON'T COUNT.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—Having read and tried "to digest" the interesting address given by Miss Mollett on the Insurance Bill as affecting the Nursing Profession, given in THE BRITISH JOURNAL OF NURSING of January 27th, 1912, I cannot help feeling that nurses will make a great mistake if they do not fight tooth and nail against this most unjust Bill, even though it has passed through the House.

What are we to gain by it? Have we not already free medical attendance, through the courtesy of the Doctors? How many Hospitals or Sanatoria require a fee from a trained nurse, should she require treatment? Very few, if any, I venture to say.

There are already societies which for the small annual subscription of from 2s. 6d. to 5s. give sick benefits, compensation for disablement, help towards holidays, and lastly, in case of marriage, some allowance for trousseau, which is going a step beyond State Help, so-called. Therefore, why not resist it *en masse*—the Doctors are on our side and the Bill in its present form does not benefit either General Hospitals or Private Nursing Institutions? Miss Mollett's suggestion for a Nurses' Society, managed by the nurses themselves is absolutely necessary if we must be insured, or we working women will be paying a good share towards the support of the so-called working man, who prefers a life of idleness in our cities.

Yours truly,

"WROTH."

P.S.—Please accept a small P.O. for Nurses' Protection Society.

[This National Health Act is Law, and as an Act "trained" nursing is not mentioned in it! "Nurses" are lumped with agricultural labourers and other unprofessional workers. To resist hurts no one's susceptibilities because our legislators don't recognise that we exist; although our skilled services are requisitioned—and used throughout the Empire—by nearly every Governmental Department. The situation would be funny if it were not so humiliating. For the hundred-thousandth time, Wake Up Women—get the Vote—the only lever which will open the door to a self-respecting position in the body politic. Legal status for trained nurses through the Nurses' Registration Bill would count—but so long as thousands of nurses will not lift a finger or give a penny to help themselves they can blame no one but themselves for being classed as "unskilled" workers.]

Medical men can resist unjust legislation because (1) they have votes, (2) in consequence of votes they have registration, (3) in consequence of registration they can penalise the blackleg.

If nurses attempt to resist the law—Holloway is the most happy hunting ground in which they may disport their grievances.—ED.]

#### "IN A COTTAGE HOSPITAL."

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—Will you kindly allow me a small space in your paper, with regard to a novel, "In a Cottage Hospital." I read it with growing indignation, until I reached a description of a horrible scene in a mortuary, which so disgusted me that I could not finish it. Glancing through the rest of the book, I decided it was not fit for any pure-minded woman to read! (I note the writer says: "This is not a novel for little people, nor for fools.") I am not a child, or a "fool," yet certainly think it an unwholesome piece of *fiction* not fit for publication; and, while burning it, heartily wished I could commit every copy in existence to the flames.

Yours truly,

(Nurse) ELLEN E. WHAITS.

Claremont Crescent,  
Weston-super-Mare.

[We referred to this matter last week; we cannot agree that this book is unfit for publication, although it is most distressing.—ED.]

#### OUT OF HAND.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—No one knows better than we women Guardians the difficulty of maintaining discipline in Workhouse Infirmarys—and I read your last week's editorial with sympathy. What is to be done? Here, in a country workhouse infirmary, we cannot get the right sort of women for the work. I do agree that a Nursing Department at the Local Government Board would have a very good effect—but with the anti-woman

spirit with which the present Government is so fatally inspired, there is little chance of any such reform. In the meanwhile sick people are abominably neglected, and the tone amongst the whole staff is deplorable. I write of what I know personally.

Yours truly,

A WOMAN GUARDIAN.

#### REPLIES TO CORRESPONDENTS.

*Staff Nurse, Bristol.*—It is always advisable to hold certificates for special branches if you intend to take up private nursing. You are fortunate in having gained your midwifery training and certificate during your general training. We think you would be wise to obtain a massage certificate also, as you propose. If you intend to specialize in maternity nursing eventually, it would be more use to you than training in infectious nursing.

*Miss F. M. Bloy.*—There is no pamphlet issued giving special information as to how the Insurance Act affects Nurses. They are classed with domestic servants, agricultural labourers, and other unprofessional workers. Nurses have no legal status, that is, no Act of Parliament recognises them—so they are domestic servants in position—although very often a three or four years' term of training in the theory and practice in their skilled work is required of them. State registration alone can raise them socially. You will find the Summary of the National Insurance Act, 1911, by Mr. L. Worthington Evans, M.P., with Explanatory Chapters, most helpful. It is published by the National Conservative Union, St. Stephen's House, Westminster, and only costs one penny.

*A Trained Nurse (Bolton).*—The firm to which you refer is Lester Mackenzie & Co., 14, Jermyn Street, Piccadilly, London, W. The policies cover all sickness and accidents, as well as full death benefits.

#### OUR PRIZE COMPETITIONS FOR FEBRUARY.

*February 24th.*—Mention any methods with which you are acquainted for making doses of disagreeable drugs as palatable as possible.

#### PRIZES FOR NURSING HANDICRAFT

(See page ii. of Cover).

#### PRIZES—REAL INCIDENT COMPETITION.

A prize of one guinea and a second prize of 15s. will be awarded for a brief description (preferably under 300 words) of any incident of hospital life or of private nursing, serious or comic, which might form the basis of a story. Consolation prizes of half-a-guinea will be given to other competitors whose matter is accepted. Merit will be estimated by the amount of interest attaching to the bare facts related, and not by the style of composition.

Papers to reach the Editor at 20, Upper Wimpole Street, London, W., by February 19th next.

# The Midwife.

## MIDWIVES IN IRELAND.\*

By Miss E. M. Joy,

LADY SUPERINTENDENT, COOMBE HOSPITAL,  
DUBLIN.

In this paper, which treats of the work and status of midwives in this country, I shall devote my attention to the ordinary woman who goes to a lying-in hospital for a six months' course of training, and obtains a diploma in midwifery.

Now the important and practical question arises, what becomes of such a woman after she has finished her course of training in hospital? Some people are under the impression that midwives in Ireland are well off, and, taking things all round, are very well looked after. As far as my own personal experience goes, and as far as I have been able to gather from others well qualified to give a sound judgment in the matter, such is most certainly not the case. That this is so I shall now endeavour to prove. Consider midwives as roughly divided into two classes—public and private.

By public midwives I mean those whose earnings are derived in part or whole from public funds. By private I mean those who depend for their livelihood on the money obtained from private patients. Let us take the case of the private midwife first.

A qualified midwife leaves hospital. She goes to the country and endeavours to get work. In many—and I do not think it an exaggeration to say in most—instances she finds that a so-called "handy woman" has been practising in the district for a number of years, has attended a good many mothers during their confinements, and has been, as far as they can judge, successful. They will not change to the trained midwife, as they say the "handy woman" is lucky. Unfortunately, there is no law in Ireland compelling this so-called handy woman to have a doctor in attendance, and she can do as she likes with her patients. To outward appearances she is successful, but we can see the results of some of her work in the gynaecological wards of our hospitals; and I am sure statistics would show a high death-rate, traced indirectly from different causes, to the ignorance of those women. The end of the private midwife is that she is glad to get anything to

do, and goes out as a children's nurse very often, rather than have it said that she has no work.

I now come to the second class—public midwives, those employed by the Poor Law Unions.

There are in Ireland 159 unions. Those unions are subdivided into 746 dispensary districts. The average population of each district is reckoned at 5,505 persons. Each district is under a separate committee, and has one or more dispensary and medical officers. The number of dispensaries is 1,223. Now there are only 714 midwives—less than one for each district.

The sum of money allotted to the upkeep of the midwives varies. It has increased from £14,709 in the year 1907 to £16,975 in 1910. The latter return works out at a little more than £23 per annum for each midwife. Most people will agree that £23 or £24 per annum without allowances is not an extravagant salary. No woman, of course, could live on it. Accordingly the qualified midwife must try to get a little private practice, which, as I have explained already, is not easily obtained. She sometimes lives at home with her people; otherwise she couldn't support herself on such a small salary. She does not always bother about wearing washing dresses, aprons, &c., as she couldn't afford to pay much for laundry. I think the question of proper indoor uniform being worn by midwives is a very important matter. I have seen midwives in the country attending patients in dresses that they have been wearing for months, and that have never been washed or disinfected in any way. It may be argued they are not attending infectious cases, and don't need disinfection, but that is not so. If a midwife attends a case of puerperal sepsis, we ought to have some supervision over her to see that she takes the necessary precautions before attending another patient. The midwife has also to supply her own appliances, such as midwifery bag and fittings, and here again inspection is necessary to see that they are kept in proper order. The Local Government Board system is very generally approved of, and is quite admirable within its limits.

There is nothing set down in the rules *re* inspection, and I have been informed by the Secretary of the Local Government Board "That each district is inspected annually by one of the Board's Medical Inspectors, who

\* Read before the Irish Matrons' Association, 3rd Feb., 1912.



examines the Midwives' register, and ascertains whether she is carefully discharging the duties of her post."

Now that there is an annual inspection of midwives by the Medical Officers of the Board is excellent; but I should like to point out that it is scarcely possible that such an inspection can be productive of the best results. There are, as I have said, 714 districts; it would take two Medical Officers of the Board, working every day of the week, to get through them once a year. Grave cases of neglect would certainly be detected, but is it possible that such a cursory inspection could get the best work out of the midwives? I think the results would be very much better if the Local Government Board appointed qualified women inspectors, who would drop in at any time and see that the midwife did her work properly, wore proper uniform, and kept a correct record of the progress of her case. It would be good for the midwife; she would not become careless and slack in the discharge of her duties, and would make more use of the training she got in hospital.

In conclusion, I may venture to add, firstly, I would advocate strongly inspection of both private and public midwives; secondly, better salaries for district midwives; lastly, and above all, the utter abolition of the handy woman.

### THE ROYAL MATERNITY CHARITY.

The Annual Report for 1911 of the Royal Maternity Charity of London, 31, Finsbury Square, E.C., which, since 1757, has been carrying on a most useful work amongst poor mothers in their confinements, shows that 2,102 cases have been attended during the year, and 2,150 infants born. There have been two cases of triplets and forty-four of twins. The ages of the mothers attended have varied from eighteen to forty-nine. There have been four maternal deaths during the year; one from accidental hæmorrhage, one from placenta prævia, one from the same cause and complicated by septicæmia, and one from hæmorrhage from the lungs caused by advanced tuberculosis.

As regards the training school, there has been a marked falling-off in the number of pupils, directly traceable, it is stated, to the fact that the principal general hospitals all over the United Kingdom have departed from their original line of work and have inaugurated training schools in midwifery; and also because the Central Midwives' Board is yearly adding to the list of practising midwives who are licensed to receive and train pupils.

The fees for training have been reduced in order to attract more pupils.

The committee has inquired exhaustively into the effect of the provisions of the National Insurance Act upon the Charity, and is of opinion that it in no way affects or assists the poor patients attended by the Charity's medical and nursing staff, since, to be an "assured person" under the Act, and consequently receive the 30s. maternity bonus it is necessary to contribute the 3d. per week, an absolute impossibility to the destitute women who seek the Charity's aid.

The committee report a slight decrease in the number of patients attended, attributable to reduction in income, due to depreciation in property, the ever-increasing burden of taxes and rates, and the consequent more strenuous exertions of other charitable institutions to maintain their income; also some of the Charity's premises still remain unlet. It is handicapped by reason that it has no pretentious buildings to catch the eye, and its work is done out of sight in the homes of the poor and destitute.

As we go to press the Annual Meeting of the Charity is being held. We hope to refer to it further in our next issue.

### THE NORWICH MATERNITY CHARITY.

At the annual meeting of the Norwich Maternity Charity at which Mr. C. S. Gilman (the Sheriff of Norwich) presided, it was stated that a record for cases had been established, also that they began the year with a satisfactory balance in hand and ended it with a still more satisfactory one.

Dr. Arthur Crook wrote pointing out once more the very great responsibility the committee were bringing on themselves in proposing the postponement of the provision of a few beds for intern cases after having had it so often brought to their knowledge by the staff that life was lost nearly every year for want of this necessary accommodation. He added that quite half the sub-committee appointed to arrange details and go into the expense were of opinion that the scheme should be proceeded with.

### UNION OF MIDWIVES.

By the kind permission of Mrs. Rowden, a Whist Drive, in connection with the above Society, will be held at the Pemberton Nursing Institute, 36, St. John's Park, Highgate, N., on Thursday, February 22nd, 1912, at 7.30 p.m.

Tickets, 2s., including light refreshments. Prizes will be given. The Pemberton Nursing Institute is close to the Highgate Tube Station. Trams and buses from Camden Town, Tottenham Court Road, Oxford Street, Charing Cross and Victoria, pass the corner of St. John's Park.

For tickets and further particulars apply to The Secretary, Union of Midwives, 33, Strand, W.C.; or Mrs. Rowden, Pemberton Nursing Institute, 36, St. John's Park, Highgate, N.

# THE BRITISH JOURNAL OF NURSING

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## EDITORIAL.

### STATE REGISTRATION OF NURSES IN QUEENSLAND.

The trained nurses of Queensland are to be congratulated that it is the pioneer State of the Commonwealth of Australia to grant legal status to its nurses. The brief fact is announced in the *Australasian Nurses' Journal*, just to hand, in a telegram from Dr. McLean, the Hon. Secretary of the A.T.N.A., which states:—"The Health Amendment Act of 1911 is now in force; it includes State Registration of Nurses; will forward full particulars later." But the statement, though brief, is momentous, for it means no less to the sick public than that they have, now, under State authority, a means of discriminating between the trained and untrained, or partially trained, nurses; and to the trained nurses it means that their invaluable services to the community have received recognition from their Government; that henceforth there will be a strongly defined line of demarcation between those who have satisfied the tests imposed by authority—and are therefore accepted as professional women, upon whose skill the public can rely with confidence—and the women who have not submitted themselves to the same tests, and whose services, though they may be regarded as useful to the community, must be recognised as those of the amateur rather than the professional worker.

The value of an organization of nurses to watch and influence legislation is demonstrated in the case of the Queensland Act, for it is reported that it fulfils most of the conditions asked for by the Australasian Trained Nurses Association. It is important when legislation is proposed for any section of workers that an expert

body should watch it on their behalf; and, in the case of nurses, it is specially so, as their work is of so technical a character, and their special needs so unique, that only they themselves are able to appreciate, and voice, points affecting their welfare which are of the utmost importance.

While congratulating the nurses of Queensland on their professional enfranchisement, we have to remember that in the United Kingdom where the movement for State Registration of Trained Nurses was first advocated, nurses have still no legal status. The movement has spread to the four quarters of the globe, proving that it voices a universal need. At the Antipodes, in our own Colonies, in America, in Africa, the right to recognition is accorded to our colleagues. The legislation for which nurses have been asking, working, and towards the promotion of which they have been subscribing for the last quarter of a century, is now long overdue; and it behoves every nurse who desires to protect the sick from incompetent nursing, and to safeguard the honour of her profession, to work definitely for this measure of justice, to explain to the public why registration is necessary, *i.e.*, because they have at present no guarantee that the nurses they employ are trained for the most responsible duties which they undertake, and because there is no central governing body to regulate the standards, and enforce discipline amongst the 50,000 or more trained nurses in the United Kingdom.

In working unselfishly for the public good nurses will find that they are ensuring their own best interests, for the profession will gain immeasurably in usefulness and dignity when the fungus-like growth flourishing on, and sapping, its vitality is excised.



## MEDICAL MATTERS.

### BLOOD THE CARRIER OF THE ANTHRAX SPORE.

The report submitted to the annual meeting of the Anthrax Investigation Board at Bradford last week stated that it may now be taken as an ascertained fact that blood is the carrier of the anthrax spore, and that it appears increasingly probable that all danger of contracting anthrax would vanish in the Bradford district if blood clots could be permanently excluded from the raw material used. The Board may ultimately be in a position to say definitely that the formula "No blood, no anthrax" is correct; but, although the results so far point to that conclusion, absolute proof is difficult, and time for more observation is essential.

### BLACK FEVER.

Of recent years we have been impressed by the important part played by insects in spreading disease. The mosquito, the common house fly, the flea, the tsetse-fly, have all come under condemnation or suspicion. Not long ago there was evidence which appeared to be well founded that the bed-bug was concerned in the transmission of leprosy. Now the interesting news is telegraphed to Professor Ronald Ross, of the Liverpool School of Tropical Medicine, by Surgeon-General Bannerman, I.M.S., late Director of the Bombay Bacteriological Laboratory, and now of the Madras Presidency, that Captain W. S. Patten, I.M.S., Assistant Director of the King Institute of Preventive Medicine, Madras, has discovered the complete development of the parasite of Kala-azar (Black Fever) in Indian and European bed-bugs. For some time this disease, which is peculiarly deadly, was regarded as a form of chronic malaria, but the discovery by Sir William Leishman of its parasite demonstrated that this was entirely different from the malarial parasite. Experiments with the parasite proved that it reached a certain stage of development in the stomach of the common bug; but the same applied to the mosquito and to development in a test tube, and all that has been known so far of the method of infection has been that the disease has probably been conveyed by a blood-sucking or dirt-eating insect.

The same parasite, or one almost identical, is also held responsible by Dr. Wright, an American scientist, for various tropical boils and sores.

### TREATMENT OF LEPROSY.

In the *British Medical Journal* it is reported that at two of the Indian asylums of the Mission to Lepers new remedies are at present being tried. A supply of bacterial extract, prepared by Dr. Bayon at the Lister Institute of Preventive Medicine, has just been forwarded to the Calicut Asylum, where it will be applied according to his instructions by Dr. Stokes, the superintendent. The preparation is analogous to tuberculin, and made from a culture originally isolated by Professor Kedrowsky, of Moscow, from cases of leprosy. This organism has been carefully studied by Dr. Bayon by experimental and modern serological methods, and he is of opinion that it is identical with Hansen's bacillus. At Champa, in the Central Provinces, Dr. T. C. Rutherford is experimenting on thirty cases with a new antitoxin. While old and well-recognized palliative remedies are employed at all the society's asylums, facilities for experiment with new and improved forms of treatment are gladly afforded by the Mission, whose organizing secretary is Mr. John Jackson, 33, Henrietta Street, Strand, W.C.

### THE SALE OF NARCOTICS.

The International Opium Convention, which was signed at the Hague on January 23rd, requires, so *The Lancet* reports, the contracting Powers to enact pharmacy laws and regulations "to limit the manufacture, sale, and use of morphine, cocaine, and their respective salts to medical and legitimate uses only" in the following manner—by issuing licences to manufacturers of, and dealers in, these products in respect of their places of business, and by requiring them to register on their books the quantities manufactured, imported, exported, or sold. Such regulations are also to apply to medicinal opium; to all preparations (official and non-official, including the so-called anti-opium remedies) containing more than 0.2 per cent. of morphine or more than 0.1 per cent. of cocaine; to heroin, its salts and preparations containing more than 0.1 per cent. of heroin; and to every new derivative of morphine, cocaine, or their respective salts, or to any other alkaloid of opium which might, after generally recognised scientific investigations, give rise to similar abuse and to result in similar injurious effects. The contracting Powers are not required to apply the regulation in regard to the recording of sales of morphine and cocaine in the case of prescriptions of medical practitioners, or in the case of sales by pharmacists in the ordinary course of business.



## THE CARE OF THE AGED IN POOR LAW INFIRMARIES.

A large proportion of nursing in our workhouse infirmaries is devoted to this important work. The manner in which this duty is discharged stamps the nurse as good or bad.

It is generally acknowledged that the nursing of young children demands a higher degree of efficiency than any other branch. The faculty of observation has to be developed to its utmost, or important and vital symptoms will be overlooked. The aged are the pathetic children of Nature's decay, and there is something appealing in their sickness which should rouse the protective instinct of every woman, but, above all, of every nurse. Only the efficient and highly trained should be entrusted with their care.

The feeble spark of life is as sacred as abounding vitality, and great is the responsibility of those who neglect any means of cherishing it. The gift of life is so stupendous, and such an awful responsibility to those to whom it is in a sense committed, that the unspoken thought in the back of the mind that the patient is very old and therefore does not greatly matter should never be allowed to linger an instant. An account will one day have to be rendered to the Lord and Giver of Life of our share in its preservation.

Just one or two practical points as to the nursing of the aged. One of the commonest sins of our workhouse infirmaries is the keeping of the aged in bed—perpetual bed. In hospital practice this is quite the reverse, and the axiom is acknowledged, "Keep an old person in bed and he will die." "Get him (or her) up, Sister," is the order in all cases where it is at all practicable. One can recall many instances of where the local condition had to be sacrificed to the general.

Unduly prolonged confinement to bed in cases of acute illness or accident do often in fact result in the death of the patient, where an intelligent recognition of the value of getting him up would probably have saved life.

The value of position in bed also is not sufficiently recognised; and this is generally left to the discretion of the nurse. It is very seldom advisable to leave an old person in a completely recumbent position, and for some portion of the day at least the sitting position, made easy with pillows, should be resorted to. By attention to this point hypostatic congestion may often be avoided, and the warning of its approach in the little short cough should at once indicate this change of position.

Patients who from one cause or another have become hopelessly bedridden are liable to many dangers and discomforts, which if not skilfully and continuously combated will render their already wearisome existence painful and miserable.

Cold extremities, contraction of the limbs, bedsores, constipation from diminished peristalsis, incontinence of urine, indigestion are all things which an efficient and conscientious nurse will know how to mitigate, if not to cure.

One word may be said here for the value of an ample ring water pillow encased in a thin pillow slip in cases where there is constant incontinence of urine. Its practical use needs only to be tested.

With regard to feeding: How much can be done in this respect for their comfort and pleasure? Meals are the one event for them in a long and monotonous day, and, alas! often very little attention is paid to the individual taste of the patient. The *petits soins* of the infirm ward mark the true nurse, and it is only from the highly trained that what Carlyle calls our "hardly entreated brother" may look for relief of body and mind.

"Pillow smoothing" has been greatly sneered at, but perhaps it would be well if more of it were not altogether omitted.

P. L. G.

## SCHOOL NURSES UNDER THE L.C.C.

At Tuesday's meeting of the London County Council the Education Committee recommended—in connection with two vacancies for temporary school nurses for cleansing work—that, subject to their passing the usual medical examination, Miss Mary Ellen Comyn and Miss Edith Susanna Crisp be employed temporarily as school nurses in the public health department for a period not exceeding one year, as from dates to be arranged, each at a salary at the rate of £80 a year.

## THE LEAGUE OF SCHOOL NURSES.

On Wednesday, February 14th, Dr. Shrub-sall gave a lecture to the L.C.C. School Nurses on "The Influence of Habits on the Structure of the Body."

1. The effect of locomotive habits.
2. The effect of eating habits.

The lecture, which was extremely interesting and instructive, was illustrated by lantern slides, some very fine ones being shown.

Dr. Shrub-sall received hearty applause at the close.

## OUR PRIZE COMPETITION.

MENTION ANY METHODS WITH WHICH YOU ARE ACQUAINTED FOR MAKING DOSES OF DISAGREEABLE DRUGS AS PALATABLE AS POSSIBLE.

We have pleasure in awarding the prize this week to Miss B. L. Cheesman, Royal Southern Hospital, Liverpool.

### PRIZE PAPER.

*Pills.*—The oldest form of administering drugs in a palatable manner is the pill or bolus, ex. pil. rufus or red pill.

The drug may be coated with either keratin, chalk and gum, sugar, gelatine, or varnish; also gold or silver leaf.

*Tablets and Tabloids.*—Another method is the tablet or tabloid. In these the drug is compressed and mixed with gelatin, gum acacia or tragacanth, and can be flavoured with chocolate, sugar, violet, or rose.

*Lozenges, Pastils, and Jujubes.*—Lozenges, pastils, and jujubes having glyco-gelatin as a basis are principally flavoured with fruits.

*Cachets.*—The most nauseous drugs can be taken in cachets made of wafer paper. The powder should be placed between two cachets, the edges of which adhere quickly on being moistened. They are easily swallowed with a little water, and quickly dissolve.

*Capsules.*—Capsules of gelatin are used in the same way, and are easily soluble.

*Emulsion.*—A very pleasant form of taking cod liver oil is in an emulsion made up of tincture of benzoin, alcohol, essence of bitter almonds, and elixir of saccharin. Children especially are very fond of it. Other drugs, too, are frequently given in the form of emulsion.

*Essences.*—Some patients experience great difficulty in swallowing pills, capsules, etc. In this case we disguise the drug with some strong flavouring. The principal ones used in dispensing are orange, lemon, peppermint, aniseed, and cinnamon; orange wine is frequently administered with quinine.

*Elixirs.*—The drugs are made palatable with alcohol and syrup, and most of them are flavoured with orange peel.

*Oil.*—Castor oil is taken quite easily and perfectly disguised in a little brandy, lemon juice, orange juice, or beer; it can also be taken in an equal part of boiling milk, well stirred.

To remove any disagreeable oily flavour a pinch of salt or crust of bread is beneficial.

*Sundry Methods.*—Lump sugar is useful for taking camphor and eucalyptus. Croton oil

can be given in this way, but it is more often administered in butter.

The most difficult patients to make attractive doses for are children. However, powders may be disguised taken in jam, in raisin skins, or even in bread and butter in the form of a sandwich.

*Linctus.*—Treacle, also of historical fame, is alluded to by Dickens as largely used in the administration of brimstone. It is still much used for linctus, as well as honey.

There are daily new methods for making drugs more palatable. Some are the craze for a short time, and quickly die out. In this, as in most other things, it is a case of "every dog has its day."

### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss E. Stanton and Miss E. Marshall (London), Miss Gladys Tatham (Rochampton Vale), Miss McKenzie (Glasgow).

Miss E. Marshall writes:—

*Aloes* is made palatable by adding liquorice.

*Bark* is disguised by adding a little bitter orange and glycerine, or peppermint and tincture of orange.

*Opium*, add a little essence of cloves, cinnamon, or glycerine.

*Jalap*, add essence of ginger.

*Quinine*, add tincture of orange peel to cover the bitterness.

*Cascara*, add orange, coriander, liquorice, peppermint, and magnesia.

*Sulphur*, add tincture of orange.

*Valerian*, add a little camphor water. The French preparation called *Neurène* is the active principle of valerian. It is made absolutely tasteless and odourless, and is a useful nerve tonic.

*Sarsaparilla*, add liquorice.

*Rhubarb*, add carbonate of soda and ginger.

Miss Gladys Tatham has found that for every kind of unpleasant medicine it will be found useful for the mouth to be washed out with plain water just before the dose is given. Medicines always taste worse if taken when the mouth is dry. Should there be dry crusts or "sordes" on the mouth these should be gently cleaned off with lemon juice and glycerine on a piece of lint.

*Glycerine*, slightly warmed to make it mix well, is excellent for disguising turpentine or other nauseous mixtures.

*Hæmatogen* and similar blood-containing mixtures are best given in a green or red glass with an aerated water, such as seltzer, followed by an acid drop or tablet.

*Sulphuric acid* can be taken in a largish quantity of pure cold water, and a drink of

water and crust of bread given after it. Many patients like sugar added to Epsom Salts.

*Liquorice* and all gritty powders of the same sort should be carefully mixed with water till they are quite smooth and liquid.

*Powders* such as "Pyramidon" may be given in a spoonful of jam if preferred.

But if a patient can be persuaded to "hold his nose" firmly by the nostrils and to swallow the medicine while doing so, afterwards taking a sweet or drink of water before leaving go, no taste will be appreciable at all.

A good nurse will usually find some means of coaxing a refractory child or patient to take any nasty mixture that may be ordered. Common sense in this, as in most other matters, will show the best way appropriate to each case.

Miss E. Stanton prefers to give croton oil on bread crumbs, or in glycerine or mucilage.

#### QUESTION FOR NEXT WEEK.

What are the fundamental principles underlying the practice of modern midwifery and maternity nursing? How would you apply them when summoned to a case?

## THE INTERNATIONAL CONGRESS OF NURSES.

Miss Child writes from the Government Hospital, Mohales Hoek, Basutoland, that her leave has been granted, to enable her to come home and attend the Cologne Congress, and she will bring with her up-to-date information, from the Colonial Medical Secretary, of changes and improvements in nurse training in South Africa. Miss Child is greatly looking forward to meeting again many cultured women in the nursing world, and learning many things which may be useful to put into practice in far away Basutoland. Speaking of the "black peril," she quite disagrees with the views of the Mayor of Beaconsfield, and has many times been told that the nursing of natives by educated white nurses has a far-reaching moral effect for good. Miss Child thinks it will take more than one generation to train natives, many of whom are most intelligent and advanced in learning, to take entire charge of wards, because they do not give orders nicely to each other, and often please themselves as to obeying a fellow-native. It is interesting to know that surgery is very up to date at Mohales Hoek, and patients come from a very long distance to receive attention there.

## THE NATIONAL COUNCIL OF NURSES.

The Meeting of the General Council was held on Thursday, 15th inst., at the Offices, 431, Oxford Street, London, W., Mrs. Bedford Fenwick, President, in the chair.

After the Minutes had been read, by the Hon. Secretary, Miss Beatrice Cutler, and confirmed, a communication was considered from the National Union of Women Workers *re* the National Insurance Bill. A resolution was passed unanimously, and directed to be forwarded to the Secretary.

Also one from the Catholic Nurses' Association (Ireland), reporting that at the first general meeting of the Association it was unanimously resolved to apply for affiliation with the National Council, and asking for conditions. The President reported that she had forwarded a copy of the Constitution of the National Council and other information. It was resolved that if the Constitution of the Catholic Nurses' Association were in order, the application be agreed to.

#### THE PRESIDENT'S REPORT.

The President proposed that a vote of thanks be sent to Miss Cox-Davies for the delivery of the First Isla Stewart Oration at the Guildhall in November, and also to Miss Cutler for the admirable arrangements made on that occasion and for the celebration of the Dickens Centenary at the Doré Galleries on the 7th inst.

#### THE INTERNATIONAL COUNCIL.

The President reported that an invitation had been received from Sister Agnes Karll, President of the International Council of Nurses, to attend the Triennial Meeting at Cologne on August 5th next. In connection with the meeting of the International Council a Nursing Congress and Exhibition would be held, and the help of the National Council was invited.

Resolutions on State Registration of Nurses and on Woman's Suffrage would be brought before the International Council. A President for the next Triennial period would be elected, and in this connection Miss Dock reported that an invitation from three Pacific Coast States would be received to hold the next meeting at San Francisco during the World's Fair of 1915, to celebrate the completion of the Panama Canal. That under these circumstances an American President from the State of California itself, as so much must be done on the spot, would be advisable, although Miss Dock remarked characteristically "national lines are not of moment to me as a general thing."



## THE CONGRESS.

The programme of the International gathering provided:—

*August 4th.*—Banquet to Delegates, given by the Municipality of Cologne.

*August 5th.*—Morning Meeting of the International Council of Nurses in the Gürzenich. Affiliation of National Associations of Nurses; precedent of London Meeting to be followed.

*Afternoon.*—Opening of Nursing Congress.

*Subjects for Discussion.*

*August 5th.*—Nursing Education, Organization, State Registration.

*August 6th.*—Morning: Nursing Economics, Overwork of Nurses. Afternoon: The Place and the Duties of the Matron as Principal of the Nursing School.

*August 7th.*—Morning and afternoon: Social Service, Preventive Nursing in all its Branches.

*August 7th.*—Evening: Nursing Pageant in the Gürzenich.

The National Council was invited to take part in all Sessions and Social Functions.

Questions to be considered were, therefore, the appointment of Delegates, the appointment of Speakers, the participation in the Pageant, and work for the Exhibition.

The President then reported the action of the Nurses' Protection Committee in connection with the National Insurance Bill, and the proposal to form a Trained Nurses' Approved Society if a sufficient demand for it was evinced by trained nurses. She also reported that the Isla Stewart Memorial Oration has been issued in pamphlet form, and suggested that as it was to be sold, after expenses were paid, for the benefit of the Council's Memorial, the affiliated Societies should bring it to the notice of members.

The Report was adopted.

## ELECTION OF DELEGATES.

The President reported that, as Founder and Foundation Members, the following ladies were *ex officio* members with voting power in the International Council for life:—Mrs. Fenwick, Miss Mollett, Miss Cureton, Miss G. Knight, Miss Huxley, and Miss Bradshaw, so that others should be chosen as the official Delegates. The Irish Nurses' Association had nominated Mrs. Kildare Treacy. The names of Miss Cutler (Hon. Sec.), Miss Forrest (Hon. Treasurer), and Miss Rogers (President of the Leicester Infirmary Nurses' League) were unanimously approved. It was agreed to invite the Hon. Albinia Brodrick to act should either of the four ladies elected be unable to attend.

## DIRECTIONS HOW TO VOTE.

The Council agreed unanimously that their Delegates should vote for State Registration of Trained Nurses, and also for the Enfranchisement of Women.

## SELECTED SPEAKERS.

The Report of Preliminary Education to be made to the International Council would be presented by Miss Lanschot-Hubrecht, of Holland, and all information would be sent to her as to the position of the question in the United Kingdom.

Mrs. Fenwick consented to present the Paper on Nursing Organization, and it was agreed to invite Miss Marquardt to prepare that on "Nursing Economics and Overwork of Nurses"; to ask Miss Mollett to write that on "The Position of the Matron in the Training School"; and Miss Beatrice Kent to take charge of the Paper on Social Service, for which she had been collecting exhaustive material for some time. Both Miss Mollett and Miss Kent would be able to read their Papers in German, and the others would be translated for the use of the Congress.

## THE NURSING PAGEANT.

It was agreed to lend such costumes as were available to the German Nurses' Association if required for the Pageant, and that help should be given with as many characters as possible. Phœbe of Cenchrea, Queen Philippa of Hainault, Marcella, St. Hilda of Whitby, a Choir Sister of the Augustinian Order, Sairey Gamp and Betsey Prig, Truth, and two Attributes, if required, had already consented to be present, and others could volunteer.

## EXHIBITION.

The Exhibition was left for further consideration.

## COST OF JOURNEY, ETC.

The cost to members of a party of 20 for return ticket to Cologne would be £2 5s. Miss Mollett had kindly arranged to chaperone a Party of 50; cost, £7 for the week. Those wishing to make their own arrangements could do so from headquarters in Berlin.

It was agreed to have vouchers, which could be sent through Miss Cutler to Sister Karll, so that she would have full information concerning the English Delegates and Fraternal Delegates, and others who wished to attend the Congress, so that their tickets, badges, etc., would be prepared for them without further trouble.

## FRATERNAL DELEGATES.

It was agreed to invite Societies of Nurses, Masseuses, and Midwives whose constitution did not make them eligible to join the National Council of Nurses, to send fraternal delegates to the Congress, such fraternal delegates to be notified to Sister Karll for participation in the courtesies of the professional and social functions.

## THE ISLA STEWART ORATION.

It was agreed to invite Miss Mollett to deliver the Isla Stewart Oration in November, 1912, on the Lessons of the Congress at Cologne.

The Meeting then terminated.

BEATRICE CUTLER,  
*Hon. Secretary.*

## THE NURSES' SOCIAL UNION.

The Health Conference and Exhibition which is being arranged by the Nurses' Social Union, and will be opened at the Coliseum, Bristol, on May 15th, promises to be of great practical utility to Health Workers in the city and in adjacent counties. It is being influentially supported, and will include the unique collection belonging to the Nurses' Social Union, with additional special features and a certain number of Trade Exhibits bearing on Nursing and Health.

Lectures will be delivered daily during the week on such subjects as "School Life of a Child," illustrated by lantern slides; "Future of the Child"; "Food and Feeding"; "Tuberculosis"; "The Dispensary—What it Means"; "The Insurance Act—how it will help"; "Co-operation in Health Work—how to avoid overlapping of various Agencies," etc.

One day will be specially set apart for the members of the Nurses' Social Union and nurses generally.

The Council of the N.S.U. has under consideration the rules by which persons interested in Health Work and Social Service questions can be admitted as Central Associates. Such associates will be able to obtain the loan of the excellent Health Posters of the Union, on specially advantageous terms, for popular lectures—i.e., for not more than six times a year—at the following rates—1d. per poster for every clear day, or  $\frac{1}{2}$ d. for every clear day after the first; minimum charge, 4d. The charge to non-members is 6d. per poster for each clear day, the minimum charge being 2s.

Communications should be addressed to the Central Organizer, Kingston Grange, Taunton.

## APPOINTMENTS.

## MATRON.

**Royal Infirmary, Oldham.**—Miss Bessie Morris has been appointed Matron. She received her training at the Wirral Children's Hospital, Birkenhead, and at the General Infirmary, Leeds. She has since been Ward Sister at the Royal Infirmary, Bradford; and successively Night Sister, Home Sister, and Assistant Matron, at the Manchester Children's Hospital, Pendlebury.

**Dean Head Sanatorium, Leeds.**—Miss Mary Bell has been appointed Matron. She was trained at the Infirmary, York, where she subsequently held the position of Charge Nurse. She has also been Sister at the Crossley Sanatorium, Cheshire, at the Nordrach-upon-Mendip Sanatorium, and at the Royal National Sanatorium, Bournemouth. She has also had experience of private nursing, and is a certified midwife.

**District and Maternity Nursing Association, Lowestoft.**—Miss Edith Aviss has been appointed Matron. She was trained at the General Hospital, Gravesend, and has been Sister at the Lowestoft Hospital. She has also had experience of private and district nursing.

**District Cottage Hospital, Pontypridd.**—Miss Emily L. Ross has been appointed Matron. She was trained at the General Hospital, Ilampstead, where she has held the position of Sister. She has also been Night Sister at the South Devon and East Cornwall Hospital, and Assistant Matron at the Infirmary, Tiverton, N. Devon.

## NURSE MATRON.

**Fever Hospital, Lerwick.**—Miss Margaret West has been appointed Nurse-Matron. She was trained at the City Hospital, Edinburgh.

## SISTER.

**Booth Hall Infirmary, Charleston Road, Blackley, Manchester.**—Miss Kate C. Claridge has been appointed Sister.

## OUTPATIENT SISTER AND MASSEUSE.

**The Victoria Hospital for Sick Children, Hull.**—Miss Theresa Cavanagh has been appointed Outpatient Sister and Masseuse. She was trained at the Taunton and Somerset Hospital, and has held the position of Sister in the Women's Medical and Surgical Ward and of Night Sister in the same institution. She is a certified midwife and holds the certificate of the Incorporated Society of Trained Masseuses.

## SUPERINTENDENT NURSE.

**Windsor Infirmary.**—Miss P. Blenkharn has been appointed Superintendent Nurse. She was trained at the Isolation Hospital, Yoker, near Glasgow; and at the Infirmary, Beckett Street, Leeds, where she was also Sister. She has also held the positions of Sister at St. Mary Abbott's Infirmary, Kensington; and Night Superintendent at Sealecoates Infirmary, Hull. She holds the C.M.B. certificate.



#### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Miss Mildred M. A. McCreery, Staff Nurse, resigns her appointment (February 11th).

*Appointments.*—The following ladies have received appointments as Staff Nurse: Miss M. V. Bonallo, Miss F. M. Jackson, Miss C. A. Stevens.

*Transfers to Stations Abroad.*—Sisters: Miss M. R. Makepeace, to Malta. Staff Nurses: Miss W. E. Eardley, Miss C. E. A. Harries, Miss A. P. Wilson, Miss M. H. Smyth—to South Africa.

#### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

*Transfers and Appointments.*—Miss Mary Wall is appointed to Burgess Hill; Miss Agnes Divine to Leeds, Holbeck; Miss Kate Taylor to Chelsea.

#### MEDICO-PSYCHOLOGICAL EXAMINATIONS.

The next examinations of The Medico-Psychological Association will be held on the following dates. The Preliminary on Monday, May 6th, and the Final on Monday, May 13th. This central examination for mental nurses has had a very marked effect in raising the standard of teaching and training in mental hospitals, and has prepared that branch of the nursing profession to adopt the provisions of the Nurses' Registration Act with very little difficulty.

#### RESIGNATIONS.

Miss Daintree, Matron of the Fleming Memorial Hospital, has resigned the position after holding it for over twenty years. It is one of the pleasant features of hospital life in this country that members of the nursing staff often make the interests of an institution their own, and remain in the same hospital for the greater part of their working days. Miss Daintree is succeeded by Miss Watson.

Miss Harriet Fulmer, for fifteen years Superintendent of the Visiting Nurse Association, Chicago, has resigned the position. *The American Journal of Nursing* says that during the pioneer period of visiting nursing in the United States Miss Fulmer has been a very influential factor. Under her administration the corps of nurses forming the Visiting Nurse Association increased from seven to sixty-three, and before the taking over by the city of the school nursing and tuberculosis nursing, both of which were developed within the Association, it had grown to 103. Miss Fulmer, whose work is well recognised on this side of the Atlantic, is always a welcome visitor here.

#### THE PASSING BELL.

We regret to record the tragic death of Miss Grace Murray, Matron of the Redcar Urban Council's Infectious Hospital. Miss Murray left the hospital some ten days previously, and a lady's hat was subsequently found on the pier. Much sympathy was felt in Redcar, where she was very popular, when her body was washed up on the beach.

#### A GRIEVOUS LOSS.

It is with profound regret that we record the death of Mrs. Kildare Treacy, Lady Superintendent of the City of Dublin Nursing Institution, 27, Upper Baggot Street, Dublin, which took place on Sunday, February 18th. Mrs. Treacy has not been well since February 6th, and last week developed pneumonia from which she never rallied.

The funeral took place on Tuesday, when representatives from the Irish Matrons' Association, and the Irish Nurses Association, of which she was a past President, were present at Kingsbridge Station to pay their last tribute of respect. Both Associations sent lovely floral wreaths, as did also the Society for the State Registration of Trained Nurses, of which Mrs. Treacy was a Vice-President.

Those who were personally acquainted with Mrs. Treacy will realize what a loss has befallen the Irish Nursing World. She combined a gentle and charming manner with great force of character, and always fragile, she yet worked with the greatest zeal and determination to advance the interests of the profession at large, as well as controlling those of the important institution over which she presided with so much ability, after having obtained her professional training at the City of Dublin Hospital, which is nursed by members of the staff of the Institution.

It is a curious coincidence that the last Lady Superintendent of the Institution, Miss Fitzgerald, died twelve years ago of acute pneumonia after a few days' illness.

Mrs. Kildare Treacy was keenly interested in the work of the International Council of Nurses, and a familiar and welcome member of its Congresses. Only last week, on the nomination of the Irish Nurses' Association, she was unanimously elected as one of the four official delegates of the National Council of Nurses of Great Britain and Ireland to the forthcoming meeting of the International Council of Nurses at Cologne.

By no Society will her work be missed more than by the Society for the State Registration of Trained Nurses, of which she was a most loyal member and strenuous worker. Not only was she keenly desirous to advance the welfare of the sick and the nursing profession, by securing legal status for trained nurses, but she was also a woman of affairs, and was able to secure the interest of Members of Parliament and influential newspapers for the cause which she had at heart. Always alert, always ready to seize any opportunity which presented itself, she rendered it most valuable service on many occasions, and we deeply regret that another faithful worker should have gone to her rest without seeing the accomplishment of the reform which she has so steadfastly worked to secure.

To her relatives and friends, and the nursing staff of the institution we offer our sincere sympathy.



## NURSING ECHOES.

At a meeting of the council of the Queen Victoria Jubilee Institute for Nurses, which was held last week at the offices, 58, Victoria Street, London, a report of the council to the patron, Queen Alexandra, was submitted, which contained a statement of the council's new policy with regard to finance. It set forth in detail the steps they hoped to take, in conjunction with the committee of the Queen's Fund and the general body of subscribers, to obviate in future the necessity of meeting every year a deficit of between £2,500 and £3,000. It was also agreed that the members of the council of the Institute should henceforth be ex-officio members of the council of the Queen's Fund. It was reported that arrangements had been made for a conference of the affiliated associations of the Institute, to be held at Denison House, Vauxhall Bridge Road, S.W., on Wednesday, February 28th, commencing at 11.30 a.m. The subjects to be discussed are (1) the effect of the National Insurance Act on district nursing associations and on the nurses employed by them, and (2) the best means of obtaining additional representation of the affiliated associations on the council of the Institute.

The Duke and Duchess of Portland have consented to preside at a dinner in aid of the funds of the Institute on July 3 at the Hotel Cecil. Viscount Goschen presided last week at a meeting in connection with the Queen's Fund, at which the Duchess of Somerset, Lady

FitzGerald, Lady Tree, Lady Tuck, Lady Mabelle Egerton, and Lady Blythswood were also present.

Dr. Florence Willey has kindly consented to give a lecture on "The Trained Maternity Nurse" to the Trained Maternity Nurses' Association, at the offices, 33, Strand, at three o'clock on Friday, February 23, 1912. Free admission to trained maternity nurses.



Photo. Giles

MISS C. M. CHADWICK.  
QUEEN ALEXANDRA'S IMPERIAL MILITARY  
NURSING SERVICE.

By the courtesy of *Hearth and Home* we are able to publish the interesting picture of Miss C. M. Chadwick, formerly Matron at the Military Hospital, Hounslow, which appears on this page. Miss Chadwick, who has just retired from Queen Alexandra's Imperial Military Nursing Service, has had a distinguished professional career. She served through the South African campaign, and was mentioned in despatches. She possesses the Order of the Royal Red Cross, the Order of St. John of Jerusalem, the King and Queen's Medals and the Coronation Medals; also a beautiful white enamelled cross presented to her by Queen Alex-

andra. The cross is bordered with red and surmounted with the crown. It bears the initial A. on the front, and on the back the words are engraved—Alexandra, Princess of Wales. Faith, Hope, and Charity, 1900.

One of the most important posts in the Infirmary nursing world is that of Matron of the great Poor Law Infirmary at Birmingham, which is now vacant. The infirmary has an excellent reputation as a nurse training school, and the appointment of Matron is considered

a desirable one, and is attracting good candidates. The commencing salary is £150 per annum. Further particulars will be found in our advertisement columns.

Life is one huge advertisement, we recently heard a medical man state. So it is. There is so much to cram into the fleeting years that if one cannot get publicity at the top pitch of one's voice, no chance is there to be heard at all. We were reminded of this fact this week upon receiving a letter from Miss L. L. Dock, most ardent of suffragists. On the envelope, which contained a letter on the gentle art of nursing, was stamped in large blue letters, "Votes for Women." Splendid, we thought. All the way from far Pennsylvania this little envelope was trumpeting forth to every person through whose hands it has passed the cry of women for justice. Let us hope it has awakened some persons to a sense of their duty to women.

Then we thought if "Votes for Women" why not also "State Registration of Nurses"? Excellent. We ordered a stamp at once, and soon shall impress all our letters with this demand for efficient nursing of the sick, in the hope that the recipients will want to know what it means, and thus be interested in the necessity for reform. May we suggest that others do likewise, or at all events write the demand in red ink in the left hand corner of envelopes used?

We constantly hear complaints of insufficiently trained cottage and village nurses in so far as lack of reticence and discipline is concerned. They come from the same class as their patients, and go in and out of their houses, and often also hurt their feelings with thoughtless gossip. It is not long ago that one of these nurses was threatened with a libel action for spreading the report in a country village that a baby born was "eaten up with syphilis." Whether true or not, it was a very gross breach of trust to mention it, and resulted in the parents leaving the village in question. There is very little practical control of these cottage helps by a trained superintendent who lives a three hours' journey away. It may be that in these rapid times a cottage girl may become an expert midwife and trained nurse in a few months, but apparently many of them find it impossible to acquire the rudiments of professional ethics and etiquette. To divulge matters of which knowledge has been gained in the course of professional duty is a grave offence.

At the annual meeting of the Kirkcaldy Victoria Nursing Association, held last week, Lady Helen Munro Ferguson stated that the three nurses on the staff had attended 586 patients and paid 9,130 visits. It is satisfactory that the financial report, presented by Mr. J. Brewster, showed a balance on the year of £23 19s. 10d.

Dr. Phelps has a very interesting article on "The Missionary and the Military Ideas in Nursing" in an American exchange. He writes:—

"Nursing is fast trending towards becoming an ordinary occupation, an occupation entered into primarily as a means of obtaining a livelihood. It, therefore, may be useful to take a look backward for a few minutes over the dusty road that has been travelled, and to note some of the purposes and ideas that have determined its direction and contour.

"As we do this, we are at once struck with the prominence and the prevalence of the 'missionary' idea and the 'military' idea in nursing work of the past. Not the missionary idea in its meaning of teaching religion to others, nor the military idea in its meaning of fighting. But the missionary idea in its broad meaning of 'doing good' to others, and the military idea in its sense of adherence to discipline, and its sacrifices not marked by money remuneration.

\* \* \* \* \*

"Thus we see that the central ideas of missionary work and military work, the doing good, the self-denial, are very prominent. Lessening in prominence they possibly are, wholly disappear they hardly can. To apply an 'eight-hour day' and a 'double pay for overtime' is indeed theoretically possible, but not without taking the heart out of the ideal nursing. Moreover, it would likely take the pay out of it, for the prevailing wages are comparatively high in America for the grade of the work, because of this very sacrificing element. If the hours come down to any commercial compact, the pay will undoubtedly come down also.

"To all nurses, then, we still commend this spirit as one to cultivate. Do not lose sight of the 'doing good.' Do not push the purely commercial idea. Cling to the ideals of 'service,' and do not let them sink from daily view. No law can enforce them, it is true. They lie in the innermost sanctum of the nurse's purposes and aims. But they exist also in the public opinion as the elements which call forth the honour and admiration which nurses get. Of course, nurses are but human beings, fallible as are we all, but even with these frailties the ideal nurses are trained to a line of action which rises by habit and purpose above the exhibition of the failings which may still exist. Cultivate your ideas and habits of sympathy and of self-denial, then, if you would worthily bear the name of 'trained nurses.'"



## REFLECTIONS.

## FROM A BOARD ROOM MIRROR.

Princess Louise (Duchess of Argyll) will attend the opening session of the Imperial Conference of Teachers' Associations, which the League of the Empire intends to convene in London in July.

The Lord Mayor will preside at the annual meeting of the New Hospital for Women, Euston Road, on Monday afternoon, March 4th.

Lord Donoughmore, the Treasurer, will take the chair on Friday, March 15th, at the Annual General Meeting of the London Homoeopathic Hospital, Great Ormond Street. The hospital has a deficit on the income and expenditure account to December 31st last of £1,624. Donations to reduce this deficit will be gladly received by the Treasurer.

The new wing at the Royal Infirmary, Bristol, which is a Memorial to King Edward VII., is growing rapidly, and in a few months will be ready for the reception of patients. "But," said the Chairman, Sir George White, at the annual meeting, "we are making a great draft on faith. We are forced to sell out part of our investments to meet the immediate cost, and shall probably have to draw upon those funds for that purpose to the extent of £50,000. That our policy of the 'ever-expanding door' is a correct one cannot be doubted, and we appeal to donors to come forward and see to it that our Invested Funds Account is not permanently depleted by reason of our fixed resolve to keep abreast of the ever-increasing demands of the poor people who so urgently need the services of our Infirmary."

The Governors of the Sussex Eye Hospital, Brighton, at their annual meeting adopted the following resolution with the view to preventing further imposition of work, the cost of which they consider should be borne by the State.

"No person who is entitled to free medical or surgical assistance under any Act of Parliament, Order in Council, or Order of a Government Department or local authority, society, company, association or person wholly or partially financed by the State or out of the rates, is entitled to the benefits of this Institution, but the Committee of Management may, if they think fit, from time to time make, and afterwards vary or rescind, rules for the admission of all or any such persons or classes of persons."

Colonel Somers Clarke, who moved the resolution, pointed out that efforts were being made to secure treatment at the voluntary hospitals for school children, whose medical treatment should be charged upon the rates, thus throwing an undue and improper amount of work upon the medical staff of the institution which was never intended.

## RED CRESCENT SOCIETY.

The press has been informed that the first British field hospital under the Red Crescent Society for work among Ottoman sick and wounded and refugees in the Tripolitan hinterland has left England. The British Foreign Office has lent its assistance to the enterprise.

The Italian, Turkish, and French Governments have been fully informed. The mission consists entirely of Englishmen, and comprises two surgeons, two assistant doctors, two male nurses, and a manager, who will escort the mission to the Turkish headquarters and then return. The mission itself will remain for at least six months. The members left Marseilles on the 16 inst. for Sfax, from which place they will travel over the desert by motor and camel to the Turkish headquarters.

Funds have been provided by British sympathisers and by Moslems in India and England. The two head surgeons are Messrs. Bernard Haigh and Charles Edgar Holton Smith, and they are assisted by Messrs. Robt. Trail Brothie and Joseph S. Lauder, of the London Hospital. Messrs. G. Johnson and William Kirby are the male nurses.

The general manager of the field hospital is Mr. Cuthbert Francis Dixon Johnson.

## MICROBENE.

We have pleasure in directing the attention of our readers, both nurses and midwives, to the value of "Microbene" as a lubricant antiseptic and disinfectant. It is supplied by Robert Young & Co., 38, Elliot Street, Glasgow, and is used in the Royal Infirmary, the Maternity Hospital, the Victoria Hospital, Ruchill Hospital, Belvedere Hospital, and a number of others in that city, as well as in the Royal Infirmary and the Maternity Hospital in Edinburgh, and many other important Scottish Hospitals.

In England it is used extensively in the Leeds, Manchester and Newcastle-on-Tyne Hospitals, also at the Royal Albert Edward Infirmary, Wigan, the Stockport Infirmary, the South Devon Hospital, Plymouth, and many others.

A bacteriological report shows that Microbene compares favourably with carbolic acid in its germicidal powers. It is recommended that it should never be used at a less strength than 1 in 500, and generally not less than 1 in 300.

Time experiments showed that testing its effects on one of the sewage bacteria a solution of 1 in 100 was sufficient to prevent development after immersion in it from 2½ to 5 minutes. Carbolic acid required at least three times as long to effect the same result.

The price of a 16-ounce bottle is 1s. 6d.

Some of the merits of Microbene are that it lathers very easily and not only disinfects, but cleans instruments, for which a solution of 1 in 100 is recommended. It does not stain the skin and has no injurious effect on clothing.



## THE CENTRAL POOR LAW CONFERENCE.

The 40th Annual Conference of the Poor Law Guardians was held in the Holborn Town Hall, on Tuesday and Wednesday, the 13th and 14th inst., presided over by the Rt. Hon. Charles Booth, F.R.S. The subjects of the papers on the first day were the Poor Law and Old Age Pensions, and the Poor Law and the National Insurance Act. The President, who stated in his opening address that as he had never been a guardian his position was merely that of an onlooker, considered that the drastic changes suggested by the majority and minority Reports on the Royal Commission on the Poor Laws would increase expenditure without ensuring increased efficiency and would destroy much that is good that could not easily be replaced. He said: "I have no sympathy with the view that whatever the Poor Law touches it defiles. As a rule the mass of the people though disposed to grumble at the rates, do not object to the comforts and conveniences provided for the sick and old under the Poor Law. They are kindly disposed, sympathetic towards helplessness and suffering, and set a value on their own home lives above any other institutional privileges. As regards administration, it is recognised as in practice impossible to allow the standard of medical care or sheer physical comfort to be lowered in any institution."

The Rev. P. S. G. Propert, Chairman of the Fulham Board of Guardians, in his paper on Old Age Pensions, drew attention to the overlapping of relief, and stated that in one Union a number of old age pensioners were said to reside in the Infirmary for considerable periods, during which time their pensions were allowed to accumulate; then they took their discharge. Then they drew their accumulated pension, spent it as they pleased and returned to the Infirmary. "Guardians," he said, "are to-day blamed for abuses which are entirely due to the Treasury. Surely the time has arrived when we shall not be content only to defend our position, but to march out to the attack and demand such amendment in the law as will free our institutions from gross abuse."

Mr. Thomas Smith, Barrister-at-Law and Clerk to the West Ham Board of Guardians, dealt with the Insurance Act. He pointed out that the medical benefit is confined to domiciliary treatment, and will in no way relieve the pressure on hospital and infirmary accommodation. As soon as an insured person becomes too ill to be treated at home many will still doubtless be admitted to Poor Law Infirmarys. Speaking on the Improvement of the Conditions under which people live, he said: "Any measure which can secure an improvement in the condition under which the poor work and live must impede the growth of pauperism, for insanitary crowded dwellings and ill-ventilated, unhealthy work-rooms have in the past been the certain harbingers of relief."

On the second day of the Conference the subject of the Papers was the After-care of "Poor Law Children," which were read by Miss G. R. Egerton, of the G.F.S. and also a member of the Ticehurst Board of Guardians; Miss Daglish, Secretary of the M.A.B.Y.S., and Mr. Henry F. New respectively.

Miss Egerton considered that in dealing with girls it would be well to make use of the existing societies rather than to start new ones on their behalf.

Miss Daglish hoped that the day would come when the Local Government Board would have a special department for the After-care of Poor Law Children.

Dr. John Grimes, speaking of emigration, argued that if *all* the children that are good and capable and healthy could be drafted off to Canada, this would be but lowering the average of those that remain. We should be encouraging the survival here of the unfit, we should be making more intolerable the burden of incapables, and increasing the number of unemployables in our midst.

The unexpected announcement that Earl Grey, the ex-Governor General of Canada, would address the meeting was hailed with loud applause.

He said there were in Canada large numbers of childless homes waiting for the homeless child. "Canada wants the best it can get." (A voice: "I daresay it does.")

During the discussion it was argued that if the Colonies wanted our children they should pay for them, and it was not fair that the mother country should bear the burden of their up-bringing and be required to part with them as soon as they reached adult life. Healthy children were the greatest asset of any nation.

## HELP FOR HOSPITALS.

Congratulations—to King Edward's Fund—Mr. Montague G. Jessett bequeaths it £40,000.

To Leicester General Infirmary—for splendid legacy of £90,000 from the late Mr. Alfred Adderley.

Also to the group of Dublin Charities which benefit each to the extent of £600, under the will of the late Mr. W. Milward-Jones.

## THE CHILD STUDY SOCIETY.

The Child Study Society, London, the objects of which are the scientific study of the mental and physical condition of children, and also the educational methods, with a view to gaining greater insight into child-nature, and securing more sympathetic and scientific methods of training the young, has arranged a course of Lectures and Discussions on the Psychology of Some School Subjects, to be delivered at the Royal Sanitary Institute, 90, Buckingham Palace Road, S.W. The first lecture was given on "Control during Adolescence," by Captain A. St. John, on February 13th, at 7.30 p.m.

## PROFESSIONAL REVIEW.

### MODERN SURGERY AND ITS MAKING. A TRIBUTE TO LISTERISM.

Any book from the pen of Dr. C. W. Saleeby, F.R.S.E., who has won for himself a foremost place in the ranks of eugenists, commands the attention of all thoughtful people, and to nurses "Modern Surgery and Its Making," by this brilliant author, published by Messrs. Herbert & Daniel, 21, Maddox Street, W., is of especial interest, both because the history of surgery may be divided into the pre-Listerian, and Listerian epochs, and also because of the generous, most generous, tribute paid by him to the work of the modern nurse.

To the modern midwife also the book appeals, for Listerism has benefitted not only those who require surgical operations, but very especially mothers in the pain and peril of childbirth; and the practice of the obstetrician, whether doctor or midwife, is, or should be, revolutionised by it.

#### LISTERISM AND MOTHERHOOD.

Dr. Saleeby distinguishes sharply between "two fundamentally different things, childbirth uninterfered with, and childbirth as it occurs under the care of midwife, nurse, or doctor. Natural childbirth, as we may observe it amongst primitive peoples, is very largely protected from infection. Nothing occurs to introduce it, and the trend of events is towards expulsion rather than introduction. The patient is not confined in infected surroundings, she is not in the same ward with other patients who are infected, and having no attendant at all, she runs no risk of danger from doctor, midwife, student or nurse, who may have come straight from opening an abscess, or from the post-mortem room, or the dissecting rooms. And further, anyone who will consider the anatomy and physiology of the function of childbirth from the point of view of Listerism will perceive that the natural obstacles to and provision against infection are various, efficient and almost insuperable. It is only with human interference that the risk begins." The author proceeds to show that the civilised woman and her child are the better for proper attention at this time, because "never was normal function so near the pathological as this is," but that with the doctor or midwife "there enters not merely a safeguard, or possible saviour of mother and child, or both, in many common circumstances, but also a most substantial risk, or rather, one should say, there did enter, and may enter, a most substantial risk. But Pasteur and Lister have revealed the facts, and so far from this special risk now attaching to good obstetrics, it lessens the naturally very slight risk of infection.

"It was the very profession of the attendant that constituted the bulk of the danger; it was the very fact that the lying-in hospital was a lying-in hospital that made it dangerous for the lying-in women. One does not take a sufferer from, shall we say, varicose veins, and treat him

in a smallpox hospital. But we did take women who were not suffering from surgical inflammation and put them at the very time when they were to undergo a wounding (a natural wounding, but that made no difference), beside patients who were suffering from this terrible infection. And thus, if things were risky in ordinary practice in the patients' homes, and if there was an obvious danger in the carriage of microbes to the susceptible, the risk was vastly greater in maternity hospitals. It could often be shown with strict and literal accuracy, these hospitals were more deadly than the battlefield; the proportion of those killed in giving life was higher than amongst those who went forth to take it."

If Listerism were conscientiously practised by those attending women in childbirth, the mortality from puerperal fevers, pyæmia, and all forms of septic infection would be wiped out, and the fact that thousands of women annually still lose their lives from these preventable causes is a national disgrace.

Passing over many chapters of absorbing interest we must confine our review to two which primarily concern the readers of this Journal those on "Miss Florence Nightingale" and "The Modern Nurse."

#### MISS FLORENCE NIGHTINGALE.

Dr. Saleeby writes:—"It is a commonplace of Sociology that even the most individual work of art is a social product. Similarly, it is true of the history of science that great achievements are built by many hands, even though individuality be as necessary here as elsewhere; and if we review the causes which have created modern surgery, we find that one of the most remarkable women in history, and certainly one of the most valuable, played an indispensable part in its creation."

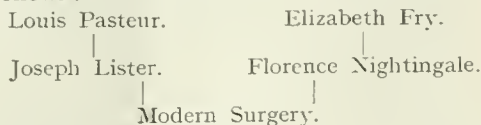
The author then demonstrates that without the work of Miss Florence Nightingale, undoubtedly, modern surgery would not be what it is, and says:—"So soon as we recognise in her the creator of modern nursing, and so soon as we realise what modern nursing means for modern surgery, so soon must we perceive that her name deserves correlative honour with that of the great man who begat modern surgery. This is indeed a product of the two sexes, as all human products, rightly considered, are; since all human producers are. The achievement, as we now see, may be said to be the immediate product of Lister and Nightingale, and even those who have the folly to pronounce themselves partisans of either sex will do well to forbear if they are tempted to allot a higher degree of merit to either the indispensable man, or the indispensable woman whom we here celebrate.

"All our ideas of merit and credit are at the mercy, if we knew it, of the principle of causation. In judging our fellows we have to refer to their physical parents, whom they did not choose, and to their spiritual parents whom, in a sense, they may have chosen, but for whom they are not responsible. We have seen that



Lord Lister's spiritual parent was Pasteur, and it is interesting to learn that Miss Nightingale also had hers. As Lord Lister's was a man, so hers was a woman, and her name was Elizabeth Fry. Both Pasteur and Mrs. Fry had spiritual ancestors, the great chemists and biologists on the one side, apostles of religion and philanthropy—above all, George Fox—on the other side.

"Thus, beginning in that generation, we may not unfairly state the genealogy of modern surgery—including nursing, for the two are really one—as follows:—



"This genealogy may be criticised by many, but perhaps it will be remembered by many more, and even the critics may possibly begin to think in terms of it before they are quite aware. Two points may be made before we pass from it. The first is that on both sides we find ourselves referred to the Society of Friends, or Quakers, which gave us the physical, and in large measure the spiritual ancestry of Joseph Lister himself, and, on the other side, produced Elizabeth Fry. The second point worth noting is that surgery means handwork, and that the only reason why nursing, which so largely consists of handwork, may not be included under the category of surgery, is that the word is really so much richer and more beautiful, containing the idea of nourishing and tending. So far as the words are concerned, the surgeon merely manipulates, the nurse sustains. This merely by way of comment for any who may suppose that the position and dignity of surgery are compromised in a chapter which endeavours rightly to appreciate the woman's contribution to this great achievement."

The writer further states:—"Mrs. Fry died in 1845, when Florence Nightingale was 25, and it seems clear that the great pioneer of prison reform was the directive or motor influence which, working upon Miss Nightingale's unique natural endowment, determined the after-history of her life. That after history may be briefly summarised here. The young girl was a grand-daughter of William Smith, the friend and supporter of Wilberforce; and thus we see a second humanitarian and philanthropic influence, of the kind much despised by 'practical men' which produced salvation in the Crimea when the 'practical men' were landed in the impasse which awaits all such. Always the moral influence becomes the most practical; always the faddist wins, always the crank makes history—the right faddist, and the right crank, no doubt. But so far as the march of mankind is concerned, your 'practical man' is but the beast of burden from first to last."

#### THE MODERN NURSE.

"The modern nurse," says the author, "at once a product and a condition of Listerism, is a really

new product of our civilization. She discharges the oldest and most characteristic of womanly functions, but she does so in a new way. The difference of course, is constituted by knowledge, and is so great that the modern nurse, taking an ordinary surgical case, must be reckoned far superior as a surgeon to Paré or Hunter. She knows and she practises the first principles of healing, which were unknown to those great masters."

He proceeds to show that the good nurse is a product of both "nature and nurture." "He or she is born and made also. Until the modern era, the nature of the nurse, we may say, was everything, and the nurture almost nothing." While only the rudest imitations of the natural qualifications, where they are wanting, can be implanted by training, "only the grossest folly will seek for a nurse now-a-days who has not been genuinely trained." Dr. Saleeby thinks that the public cannot do better than choose its doctor rightly, and then accept the nurse he chooses. . . . "Once found, this right kind of nurse is amongst the most valuable friends of the family. The longer she and the family have known each other, the more valuable will she be. You cannot treat her too well, nor value her too highly."

The author further states: "At present, there is no doubt that the nurse is in a somewhat anomalous position. Her *status* is ill-defined. Apart from her professional *status*, she, herself, may be of widely variable social antecedents, and the public has not yet learnt whether to regard her as an ally, if not almost an equal, of the doctor—or, on the other hand, as a domestic servant, who gives herself airs. Now, the plain truth is that the modern nurse belongs to the former category, and not the latter. She is very likely the equal of her employer in social antecedents; she is almost certainly the superior of her employer in knowledge, in self-control, and in her value to society. Choose her well, then treat her well, and in the hours and days upon which all hangs, she will not fail you. . . .

"Money is never spent to better profit than in paying the very moderate fees which a good nurse earns many times over. The attempt to save money by doing without a nurse when the doctor wants one, or by employing an untrained person is likely to be disastrous. It is often argued by devoted friends that loving hands 'ought to do the work of nursing apart altogether from the question of money. . . . One cannot but sympathise with such feelings, but they must be qualified by completer knowledge of the nurse's functions and qualifications. In the light of that knowledge we shall realize that loving hands which have not been trained to clean on surgical principles, may work irremediable harm, where hands less loving but trained and dutiful will do nothing but good. We shall learn also that the nurse's knowledge and training are such as entirely to supersede our amateur theories and the scraps of information, blended with superstition, which we have derived partly from hearsay, partly from ancestral practice, partly from the most up-to-date contributions



of medical correspondents of the daily press. . . . In short, we must learn that we have engaged an expert and must trust her." The presence of the modern nurse in the house "means the presence of skill and knowledge, vastly superior on the whole to any skill and knowledge whatever which were obtainable upon the earth less than two generations ago. . . .

"Those who know the real importance and dignity of this great modern profession, and the extent to which the realisation of the practical value of medical and surgical knowledge depends upon the nurse, are bound to concern themselves in every possible way with raising the status, and the qualifications of her who fulfils such a great function for the modern state. It need hardly be said that the first and plainest of indications is the establishment of some means whereby the qualified nurse may be distinguished from the unqualified. . . . It is certainly reasonable that the nurse who has faithfully qualified herself for her task at the expenditure of much time and money and labour should be distinguished from the first person who chooses to don a nurse's uniform though her medical knowledge be simply the medical ignorance of the general public. I certainly plead here therefore for the State Registration of trained nurses. We began this chapter by admitting that the nurse is born as well as made and that no hall-mark certifying to the making process can guarantee the first condition. That, however, is no reason whatever for questioning the rightness of training and of identifying the trained." M. B.

### HONOUR TO THE ILLUSTRIOUS DEAD.

A number of nurses were present in Westminster Abbey last week, on the occasion of Lord Lister's funeral, where, with all honour to the illustrious dead, the first part of the service was held.

### TUBERCULOSIS SANATORIA.

It is officially announced that the Chancellor of the Exchequer is appointing a Committee to report at an early date upon the considerations of general policy in respect of the problem of tuberculosis in the United Kingdom, in its preventive, curative, and other aspects. The Chairman is Mr. Waldorf Astor, M.P., and the Secretary, Mr. F. J. Willis, one of the Assistant Secretaries to the Local Government Board. All the bodies, public and private, having the management of sanatoria are represented, as well as the Local Government Boards of England, Scotland, and Ireland, the Board of Education, the Insurance Commissions, medical officers of health, and voluntary hospitals.

### THE SEVENTH MARCHIONESS OF RIVIÈRE.

The chapter of this Interlude is unavoidably held over this week.

## OUTSIDE THE GATES.

### WOMEN.

The Queen has presented some gifts of rare beauty to the Indian Section of the Victoria and Albert Museum, one of great interest being a carved rock crystal toilet tray, formerly the possession of a Moghul princess in the sixteenth century; and many other exquisite specimens of carved, inlaid, enamelled and mosaic work. The collection is a great acquisition to the museum.

Mr. Agg-Gardiner, who won the third place in the private members' ballot in the House of Commons, will introduce the Women's Suffrage (Conciliation) Bill.

¶ The Men's Society for Women's Rights have issued a leaflet concerning the case of Mr. William Ball, sentenced to two months' hard labour for breaking a window of the Home Office while demonstrating in favour of the women's suffrage movement. No doubt his health suffered from the forcible feeding which he subsequently underwent, and the prison life. But that does not justify the Home Office or the Governor of the prison in taking steps to consign him to a pauper lunatic asylum without consulting his wife. Probably what Mr. Ball needed, after all his sufferings, was good nursing, which, we are glad to believe, he has since had in the Nursing Home to which he was removed.

Dr. Margaret Todd, the executor of the late Dr. Sophia Jex-Blake—the leader of the Women's Medical Training Movement at Edinburgh University, and the first woman in England to qualify as M.D.—proposes to write the life of her friend, and will be grateful for any letters or particulars of her early years from those who possess them.

A notable victory (says *The Standard*) has been won by the women of Finland, that is due in a very obvious measure, it is claimed, to their having their own representatives in Parliament. A nation-wide campaign, to raise the age of consent, culminated in a memorable scene in the Diet, when, one by one, Baroness Alexandra Gripenberg, M.P., Thelma Hultin, M.P., Hedwig Gebhard, M.P., Anni Houtari, M.P., and other women members rose and pressed the case of women for immediate and stringent reform. Although the amendment finally passed did not grant the women's demands in their entirety, it adopted such radical changes in the prevailing law, as the removal of the option of a fine against male offenders in cases concerning children, the delegation of a wholly new power to the State for initiating criminal proceedings, the raising of the maximum term of imprisonment for this offence from eight to ten years, and the raising of the age of consent by three years. The result has caused great satisfaction among the organised women's societies of Finland.

## BOOK OF THE WEEK.

## MASTERING FLAME.\*

"Leave the East? My dear fellow, I wouldn't think of it, not even for St. James'. And as for Leipsic!"

"You'd get double the salary, and be another rung up the ladder of diplomacy. I can't see——"

The other man interrupted with a negligent shrug.

"One couldn't expect that you would. You haven't been out here long enough. But if you stay you'd understand. I have lived in Hong Kong for five years—which is only another way of saying that I'll never live anywhere else; at least, nowhere out of the Orient. A one-nationality set would bore me into a fit of nerves now. So would permanent people. Here everyone is blessedly transient. You know that if you have a row with B to-night he is liable to be recalled to-morrow, and you need never see him this side of Valhalla; or if you are indiscreet and get into a scandal with Mrs. A, she and A take a run to Manilla for a week or two. I make it my rule to let the other side evade the complication; that is why I am a fixture."

Randall Wayne's indolent and apparently indifferent disposition was destined to be stirred by the advent of his friend's wife, Lilith Armstead.

He is first introduced to her in his own house, "in a charming room, all subtle greens, with long bare stretches of wall and window, and soft hangings of pale yellow stuffs at many doors. When Wayne saw Lilith in it he was glad there were no other pictures. . . . He saw the extent of Armstead's knowledge of his wife every time he called her 'Lil.'"

Lilith, whose beauty is described as extravagant, was born in a New England parsonage, her mother coming of a long line of Castilians. Married to honest John Armstead, with whom she had nothing in common, but who satisfied her sensuous, almost childish nature, with the things that spelt happiness to her, until she met Randall Wayne. But it cannot be denied that with all her beauty and subtlety she was distinctly dull. That even her lover felt this is proved when he says, "A new self—at the hands of a woman who does not understand ten words I say." But that her personality developed in her association with Wayne was forced on even her husband's rather obtuse observation.

"Well I'm damned!" he exploded under his breath. Never before in all their nine years had she ventured a dissenting opinion, had she disagreed with him. Was he not in consequence an accomplished monologist? And now—"Well I'm damned," he repeated softly, staring at the back of the lovely averted head. Then he took a roll of newspapers from his bulging pocket, and in five minutes forgot all about her."

\* Anon. (Mills and Boon: London.)

In due course she endeavoured to follow to Hong Kong the man who held her in remembrance always—who had fled thither to avoid temptation.

She takes with her the boy, Randall's nephew, whom she has always coveted on account of his likeness to her lover, and the fact that he bore the same name.

"You see, my little child"—she took his face between her hands—"we are going to Hong Kong to be with Uncle Randy."

But on the voyage out the ship caught fire, and Lilith and the boy perished.

John Armstead, unaware of what had happened, follows her, and the news of his wife's fate is broken to him by Randall, who essays to comfort him by telling him that—

"It is together we made this woman, gave her back greater than she was sent; and is it not together we must bear the loss of her?"

Though this book is sufficiently interesting, it is eminently unsatisfactory.

H. H.

## COMING EVENTS.

*February 22nd.*—Central Midwives Board, Caxton House, S.W. Meeting 2.45 p.m.

*February 23rd.*—Trained Maternity Nurses' Association. Lecture on "The Trained Maternity Nurse," by Dr. Florence Willey. 33, Strand. 3 p.m.

*February 28th.*—Queen Victoria's Jubilee Institute for Nurses. Conference of Affiliated Associations, Denison House, Vauxhall Bridge Road, S.W. 11.30 a.m.

*February 29th.*—Society for State Registration of Nurses. Meeting Executive Committee, 431, Oxford Street. 4.30 p.m.

*February 29th.*—Association for Promoting the Training and Supply of Midwives. Eighth Annual Meeting. Caxton Hall, S.W. Chairman, H. Cosmo O. Bonsor, Esq., 3.30 p.m.

*March 4th.*—Irish Nurses' Association. Lecture: "Some Diseases of the Respiratory Tract," by Dr. Parsons. 34, St. Stephen's Green, Dublin. 7.30 p.m.

*March 6th.*—The Royal Infirmary, Edinburgh. Lecture: "Clinical Symptomatology in Nursing," by Dr. Matthew. Extra Mural Medical Theatre, 4.30 p.m. Trained Nurses cordially invited.

## WORD FOR THE WEEK.

## THE UNCONQUERABLE HOUR.

We are girt with our belief,

Clothed with our will and crowned,

Hope, fear, delight, and grief,

Before our will give ground.

Their calls are in our ears as shadows of dead sound,

All things come by fate to flower,

At their unconquerable hour;

And time brings truth, and truth makes free,

And freedom fills time's veins with power.

—SWINBURNE.



## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

## OUR PRIZE COMPETITION.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—I beg to acknowledge, with many thanks, the receipt of the Competition Prize.

Yours faithfully,  
FLORENCE BLOY.

St. George's Infirmary,  
Fulham Road, S.W.

## THE TRAINED NURSES' FRIENDLY SOCIETY.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—I am very glad to see in our JOURNAL that the Trained Nurses' Protection Committee has agreed to form the nucleus of a Nurses' Friendly Society. Many nurses recognize that the Committee did its utmost to secure better conditions for them when the Insurance Bill was before Parliament, and that it was alone in doing so, and consequently have every confidence that it would look after their interests in the future. I for one should have every faith in a Society organised on the lines outlined in Miss Mollett's address at Morley Hall, and in our JOURNAL. I attended that meeting and thoroughly endorse the opinions expressed there as to the desirability of founding our own Society.

I am, dear madam,  
Yours faithfully,  
ONE WHO IS READY TO JOIN.

## "THE INSURANCE TAX."

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—I was glad to read a letter by one of your correspondents signed "Wroth." Why can't nurses follow her suggestion, and refuse, as a body, to pay the Insurance Tax? The Government could hardly put us all into Holloway, unless they secure an annexe for our accommodation! We should, undoubtedly, be entitled to first division treatment, if we went. We have no legal status, no representation, and, therefore, it is only logical that we should be exempt from taxation. Personally, I am joining the Women's Tax Resistance League, which has its offices at 10, Talbot House, St. Martin's Lane, W.C. Trusting other nurses and midwives will follow suit.

I am, Madam,  
Yours truly,  
Roehampton Vale. GLADYS TATHAM.

## IN A COTTAGE HOSPITAL.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—It is interesting to note the diametrically opposite points of view taken by your correspondents who have read your review of "In a Cottage Hospital." My own point of view is that terrible as the book is, if it is true, it is far better to bring the evils with which it deals to the light. Surely our training as nurses teaches us that wounds should be probed to the bottom, and that it is unsound scientifically to hide up a sore and let it fester below the surface. If these things are happening in our hospitals let them be known—let the hospitals be named—and then perhaps there will be a chance of reform, but as long as they are hidden up because "the public is quite censorious enough about hospital affairs" what chance is there of better conditions being introduced?

It seems such a pity that because a wrong is revealed in one cottage hospital, the Matron of another managed on right lines should resent the criticism as more or less an injury and reflection on her own institution. Why? Surely for its honour she should wish kindred institutions purged of evil, or a deservedly bad reputation in one case may be quite unmerited in another case, and yet both may be associated together in the public mind. I am sure the right course is to acknowledge an evil if it exists, and then to do our utmost to purge our profession of the unclean thing, though I agree that until we get State Registration, and the right of control, that the necessary powers are wanting. So much the greater need to work hard until our Bill becomes law.

Yours faithfully,  
SURGICAL NURSE.

## HOW TO HELP AN EXCELLENT WORK.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—May I, through the JOURNAL, ask some of your readers to send me their cast-off uniform dresses? This is a Babies' Home, with 68 children, of ages varying from a few months to 14 years. It is becoming increasingly difficult to make both ends meet, owing to the increased cost of living, and to taxation, present and to come. Experience shows what serviceable bibs, pinafores and overalls, can be made from old uniform; and gifts of this from your readers would afford much appreciated help.

Yours faithfully,  
ELLEN B. KINGSFORD,  
*Hon. Sec.*

Fallow Corner Home for Homeless Children,  
North Finchley, N.

[Miss Kingsford, who is a member of the League of St. Bartholomew's Hospital Nurses, and was formerly Matron of the Metropolitan Hospital, Kingsland Road, N.E., is well-known to many of our readers, who, we feel sure, will be glad to help the excellent work in which she is engaged, in the manner she suggests.—ED.]



## NURSING IN GERMANY.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I read with much interest the letter of Mr. McAdam Eccles, which you published in a recent issue of THE BRITISH JOURNAL OF NURSING. As an Englishwoman trained in a British University Hospital, and having worked for a year in a State Hospital in Berlin, I thought a nurse's point of view might be interesting.

To begin with, he points out that on account of the German Insurance Act any person insured has a right to admittance. Further on he compares the number of nurses in a German State Hospital, for a certain number of patients, to the number of nurses to the same number of patients at St. Bartholomew's, forgetting that at St. Bartholomew's only acute cases or accidents will be taken in, while in the German State Hospital "any person" insured may be taken into the general wards, the "any persons" often being well enough to attend to themselves to some extent. Also he doubtless forgets the large number of (*wärter* and *wärterin*) attendants, who, under supervision, can do very good work, very little being done for the male patients by the nurses.

Then "a veritable parsimony in the working of the hospital; nothing but bare necessities anywhere, no flowers, no chairs in the wards."

Truly the wards may have a bare appearance to an outsider, but really they were comfortable, light, airy and clean, and easy to keep clean. In every long ward there were two tables filled with plants, cared for by the hospital gardeners, and flowers when the patients' friends brought them, as there are in any hospital. In the grounds—which are far larger than those of any British hospital—flowers, plants and trees grow in plenty, and are well kept.

As to chairs, I can testify to washing one beside each bed every morning, and several others in different parts of the ward. (Dry dusting is unknown in the wards.) Besides a perfect luxury of appliances and conveniences for the benefit of the patients, and for the working of the hospital, the arrangements which made it possible to keep everything clean and disinfected were splendid.

The same in the nurses' quarters; large airy rooms, large furniture, all of the same colour and pattern, but everything necessary, to a comfortable chair, a writing table, an electric hand-lamp, beside the electric lamp in the middle of the room; every room having its own steam-heating apparatus, which could be turned on and off as convenient.

Flowers and plants are cheap and plentiful in Berlin, and rooms are easily made pretty.

As to the lack of care after an operation, I did not work in a surgical ward, but in the eye-wards, where I spent several months, the patients had every possible care after an operation, at all times day and night.

That there is much that might be improved in the nursing work, anyone who has had any

experience will agree, but there are some points on which we might take a lesson from the German nurses, and it is improving very much and quickly.

The long hours from 6 a.m. to 8 p.m., with one hour free time apart from meals, are far too much.

The night duty was the worst, when one nurse may have charge of 50 patients, in a pavilion, at one end of which it is impossible to know what is going on at the other. The nurse usually has to sleep in the same bedroom as she would if she were on day duty, often over or nearly over the ward kitchen, with all the noise and clatter going on just under her window. All food was brought to the wards in metal cans and pails, and all patients and porters wore "wooden shoon" (wooden pantoffeln), all the paths in the grounds were asphalted.

As to "the lack of the milk of human kindness," as a stranger I received a generous supply of that comfortable fluid, and am quite sure the patients had no less.

Yours faithfully,

N. Y. Z.

## REPLIES TO CORRESPONDENTS.

*Prize Competitor, London.*—We make it a rule to publish the name and address in full of all winners of prizes offered in this journal, because to suppress them lays the management of a journal open to suspicion. It should be made illegal to offer prizes in cash or kind unless the names of the recipients are published. Your suspicions are just what we decline to submit to.

*Grateful.*—The Home of Rest at Brighton has been closed for some years. We are sorry that we cannot give you another address there.

## OUR PRIZE COMPETITIONS FOR MARCH.

*March 2nd.*—What are the fundamental principles underlying the practice of modern midwifery and maternity nursing? How would you apply them when summoned to a case?

*March 9th.*—What qualities do you consider specially important in a nurse who has charge of sick children, and why?

*March 16th.*—Describe what personal precautions you would take before passing on to another case after attending a case of infectious disease as a private nurse.

*March 23rd.*—Mention any indications which would lead you to suppose that an infant was not in normal health.

*March 30th.*—What special points would you observe in nursing a case of tuberculosis in a poor home?

## NOTICE.

If unable to procure THE BRITISH JOURNAL OF NURSING through a newsagent, the manager desires to be informed of the fact. Copies can always be procured through Messrs. Smith & Co. and at the office, 431, Oxford Street, London, W.

# The Midwife.

## THE CARE OF PREMATURE INFANTS.

### III.

#### THE INCUBATOR.

If a premature baby is very small—*i.e.*, under 4 lb.—it is sometimes advisable to put it in an incubator. One advantage in the use of an incubator is that the baby is kept in an even and high temperature, and another is that it is unnecessary to put on more than the binder and gamgee dress, thus giving the child liberty to kick.

The baby should lie on its side on a blanket, having another *light* blanket thrown loosely over it. Mucous invariably collects in the child's throat, and in this position it can either trickle or be wiped out of the mouth. If there should be mucous interfering with the breathing and too low down to be reached by the finger with a swab of wool, a mucous catheter should be used, great care being taken, as the vocal chords are easily damaged.

The baby will sometimes have a "bad turn"—*i.e.*, a fainting fit—while out of the incubator, and should the breathing be irregular or stop altogether, it should at once be put into a hot bath; if this does not revive it, it should be wrapped in a hot blanket and artificial respiration done at intervals; the hand made as hot as possible at the fire, and placed over the heart helps to stimulate its action without the risk of burning. As soon as natural breathing really begins, the baby should be allowed to rest, but closely watched, and the treatment repeated if necessary.

A premature infant should not be bathed every day, but each part gently sponged when necessary, so as not to tire it. Everything should, of course, be prepared before the child is taken out of the incubator for feeding, &c., so as to get it back as quickly as possible.

Some people think it is better not to put the baby in an incubator, and certainly those who are reared without the help of this invention suffer less shock from sudden changes of temperature. If the baby could be kept in the incubator *all* the time this change of temperature could be avoided, and probably it would not have the fainting fits so common with incubator babies.

If the baby is put on a pillow in the way described in the first of these articles, and kept in a cot in a warm room by the fire, the shock given to the infant in attending to it is minimised.

The bowels can usually be regulated by means of hot water given by mouth; and, if the stools become green, it should be remembered that this is probably due to the fact that the nurse has not been careful enough as to the cleanliness of the food or vessels used to prepare or give it; a dose of castor oil will probably cure it. Green stools produce scalded buttocks and groins, and in the early stages of this the sore parts should be washed with milk, and the best ointment to use is zinc, made soft with castor oil. If very persistent and hard to cure, the raw places may be touched with picric acid solution twice a day.

If the doctor finds the baby is able to take it, cod liver oil may be ordered, Minims iii to begin with, and gradually increased, will greatly help the progress of the infant.

R. M. B.

## INFANT MORTALITY.

Mrs. Wilbur C. Phillips, in a paper published in the *Dietetic and Hygienic Gazette*, says:—

The burden of infant mortality falls not upon the milkdealer, not upon the physician, not upon the nurse or social worker, not upon the mother or the "little mother," not upon the wage-earner, but upon the State which permits each year the spectacle of the sacrifice of the babies to pass unnoticed, while it gives its attention and allocates large sums of money to street paving, commercial improvements, public buildings and the prevention of hog cholera.

It is not for philanthropy to trifle with this important municipal problem; it is too vast, too serious, to be approached in the manner of the lady or gentleman bountiful, or to be studied by the amateur.

This problem can only be solved by a municipal plan which takes into full reckoning the efforts of all institutions, hospitals, societies and agencies working with mothers and babies, and which directs an organized movement to prevent the wholesale waste of its future citizens.

Careful study should be made by our cities of the means for the care of sick babies in hospitals and dispensaries; for the adequate confinement of mothers, and for the care of the babies of those unfortunate women who are without husbands or who are prevented by the ruthless hand of society from nursing their own babies, being forced to hand them over to some

strange woman or to the cold, bare walls of an institution.

This is the corrective work, the "rescue" work, as it is poorly called, the patching up of a bad situation.

Much more important is the laying of plans by which mothers in the future will be taught how to care for and feed *themselves*, so that when the baby comes it will first of all be a healthy baby, and, secondly, that they will know how to care for and feed it, to the end that the sickness which now makes our hospitals and institutions necessary may be prevented; that misery and wretchedness may be eliminated; that the shadow of the hand of death may be withdrawn, and that the home may be kept intact.

This is the greatest work. Its requirements are few; they can be furnished by any community, whether it be small or large.

Prevention is easy. It can be simply taught by doctors and nurses. If an adequate number of these workers can be *provided* by municipalities to teach mothers the truth about themselves, about the importance of breast feeding and the care of their infants; and if they do their work intelligently, with the *co-operation* of the mothers, infant mortality can be cut in half, perhaps more than half.

### UNCERTIFIED MIDWIFE FINED.

At Loughborough Petty Sessions, Mary Nail, of Quorn, was fined £2, including costs, for practising as a midwife without being certified under the Midwives' Act.

### THE ROYAL MATERNITY CHARITY.

The Annual General Meeting of the Royal Maternity Charity of London was held at 31, Finsbury Square, E.C., on February 14th. Mr. R. I. Tasker presided, and the annual report and financial statement were adopted.

Mr. Tasker referred to the loss the Charity had sustained by the death of its Chairman, Deputy Cornelius Barham, a man of singular charm of character. He said further that the committee of the Charity viewed the future with great anxiety. The demands of other institutions upon public benevolence continued to increase, but the needs of the Charity also increased rather than declined.

The services rendered by the Secretary, Major Killick, were warmly acknowledged. At the conclusion of the meeting Mrs. Killick hospitably provided tea for all present.

## CENTRAL MIDWIVES' BOARD.

### EXAMINATION PAPER.

The following were the questions set at the examination of the Central Midwives' Board, held in London and the Provinces on February 13th:—

1. Describe the sutures and fontanelles of the foetal skull. What is their importance in midwifery practice?
2. What are the symptoms and signs of pregnancy at the fifth month?
3. What are the causes of delay in the birth of the trunk of the child after the head has been born? How would you ascertain the cause, and what treatment would you carry out?
4. Describe the various methods you have been taught for the resuscitation of infants born apparently dead. Which of these methods do you prefer, and why?
5. What daily observations should a midwife make on visiting her patient during the lying-in period?
6. Under what conditions must a certified midwife recommend that the assistance of a registered medical practitioner be obtained?

### HANDY LITTLE CARDS.

Messrs. Charles Zimmermann & Co., 9 and 10, St. Mary-at-Hill, E.C., are issuing free to nurses, on application, some handy little maternity cards which are useful for supplying to patients when the supplies are left to their discretion to advise.

The card asks the patient to obtain from her chemist: Lysol, one bottle, boracic acid powder, starch powder, glycerine borax, and cotton wool, with space for the cost and the signature of the nurse. It provides a convenient and easy method of acquainting the patient with articles she will need at her approaching confinement.

### WANTED—ARTISTIC POSTERS.

Recognising the value of the present trend towards education through the eye, the National League for Physical Education and Improvement is organising a competition, with valuable money prizes, for the best designs for popular, pictorial health posters, suitable for use at the outpatients' departments of hospitals, dispensaries, infirmaries, "Schools for Mothers," Mothers' Meetings, or other places where mothers congregate. The designs will be exhibited at the Nursing and Midwifery Conference, to be held in London in April and of which a special section will be devoted to the work of Health Societies. Full particulars of this and other competitions may be obtained from the Secretary of the League, at 4, Tavistock Square, London, W.C.



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## EDITORIAL.

### THE ASEPTIC HABIT.

We desire to direct the attention of our readers to the remarks made by Mrs. Florence Willey, M.D., in the course of an address to the Trained Maternity Nurses Association, on the aseptic habit. They are a logical and powerful plea for thoroughness in training, because only by constant practice are the habits which become second nature formed, and the aseptic habit in a nurse or midwife is essential to the safety of the patient. The nurse trained in surgical wards is accustomed to regard everything as "suspect," and the habit of not touching anything suspect when her hands have been sterilized is second nature with her. But the one with less thorough training may be asked for an unsterile article in the course of an operation, the surgeon expects to see her go to sterilize her hands again but she does nothing of the sort, and is apt even to think the surgeon a fad.

Several interesting points are raised on this question. If the three months trained maternity nurse or midwife is more or less unsafe because she has not formed the aseptic habit, what shall be said of the pupil in training, who attends a case alone, although it is seriously advocated that this shall be sanctioned so that she may obtain "confidence" during her training. But if the primary object of the Midwives Act is the safety of the lying-in mother then certainly the pupil midwife, of a few weeks' training, cannot be expected to possess the aseptic habit which alone makes her a safe attendant.

Incidentally it is open to question which has the greater confidence eventually, the midwife who has always been accom-

panied by a fully trained and experienced teaching midwife during her training, whose work has been carefully supervised, and who has been taught the best methods daily, or the one who is turned loose to attend cases, with instructions to send for assistance if necessary. The daring pupil may not realize the need for help when it is urgently required. The diffident one, though she sends, may become panic-stricken whilst waiting for its arrival.

The lack of the formation of the aseptic habit is a strong argument, amongst many others which can be advanced, against employing short term nurses in the homes of the sick poor. They may at any time be required to prepare for, and assist at, operations, and may fail in thoroughness, and consequently be a danger to the community because they lack the aseptic habit.

Once again it is an open question whether in the light of present knowledge much of the cleaning which is allotted to nurses should not be delegated to ward-maids. To be engaged in rooting out dirt, cleaning cupboard tops, and generally acting as a first-class charwoman for several hours, morning and evening, and to be ready to attend operations, and to help to dress surgical wounds between whiles, is not conducive to the highest kind of surgical nursing. It may be cheap to use your nurses as charwomen, but, as the scientific principles underlying the practice of modern nursing are better understood, it will be at least open to question if the two are compatible.

The war which is waged with dirt in a hospital is constant and unceasing. On its efficacy and thoroughness the very lives of the patients depend. The standard of cleanliness must be maintained by conscientious, dependable, and intelligent workers, but whether those workers should be the nurses is another matter.

## MEDICAL MATTERS.

### PRESERVATIVE TRICKS.

"The wily attempts of some persons to escape the vigilance of those responsible for the efficient administration of our food laws are," says *The Lancet*, "well illustrated in a report recently published by the Local Government Board upon the analysis and methods of detection of certain proprietary substances sold as preservatives. Dr. G. W. Monier-Williams has found, for example, that a new preservative, sold under the name of "mystin," for preserving milk and cream, has recently been advertised as possessing the advantage that its presence cannot be detected by analysis. A sample of mystin on analysis proved to contain sodium nitrite 9.85 per cent., formaldehyde 0.30 per cent., and water 89.85 per cent. As Dr. Monier-Williams points out, sodium nitrite is a dangerous drug with a powerful action on the heart. According to the directions given, the addition of this compound to milk would mean that a quart of it would contain two grains of the nitrite, which is the maximum dose of this substance. Further examination of the milk so preserved brought the fact to light that the milk did not respond to the test most generally relied upon by analysis for the detection of formaldehyde in milk, so that in the ordinary routine examination of milk samples for preservatives such a sample might be passed as genuine. Moreover, the presence of nitrite of sodium in milk has not hitherto been suspected. Dr. Monier-Williams finds that the nitrous acid can be destroyed by heating the acidified milk with a little urea, after which it gives the formaldehyde reaction readily enough when that preservative is present. Reference in the report is also made to another proprietary preservative called 'acoine,' which contains sodium benzoate and sodium carbonate. Fluorides and sulphites are also offered as preservatives for milk products. The detection of the latter is easy, but the detection of fluorides is troublesome. Dr. Monier-Williams points out, however, the value of the titanium test, which depends upon the bleaching action of fluorine compounds upon a peroxidised titanium solution, the orange-yellow colour of which is partially discharged in the presence of fluorine compounds." When we remember that delicate infants and sick persons subsist largely on milk, the danger to life of the unwitting administration of unknown quantities of powerful and dangerous drugs is obvious.

The Local Government Board has now issued regulations for the control of the use of preservatives.

## CLINICAL NOTES ON SOME COMMON AILMENTS.

By A. KNYVETT GORDON, M.B. CANTAB.

### SCARLET FEVER (*Continued*).

In considering the treatment of scarlet fever we must remember that we have to deal not only with the patient himself, but with his relation to others and to his surroundings; we have to cure, or attempt to cure, the disease, and also to prevent its spreading to others.

We will take the disease itself first, and we will divide the subject into three heads—namely, the mild (and moderately severe) cases, the toxic cases, and, lastly, the septic cases.

The main thing to bear in mind in dealing with a case of average severity is that such an attack does practically no harm to the patient provided that he does not suffer from any of the complications which we have previously mentioned. Indeed, to patients of the poorer class, a residence of six weeks or so in an isolation hospital is often an unmixed blessing; they have good food, freedom from school, from the maternal tongue and the paternal boot, and receive also a lesson in personal cleanliness, which they would otherwise lack. So long, in fact, as they do not carry away with them reminders in the shape of deafness, or permanently damaged heart or kidneys, the patients have not much to grumble about. The treatment of an average attack of scarlet fever resolves itself into the avoidance of complications.

When we come to think of it, all the complications of scarlet fever are due to the action of toxins produced in the throat in the acute stage on organs, which suffer either because they are so close to the throat that they are open to direct infection—as in the case of inflammation of the ears and nose—or because they have been damaged by overwork, as in the case of the kidneys (certainly) and the heart (probably).

Our first care, therefore, must be to diminish the amount of toxin that enters the system from the throat in the acute stage. We cannot do very much in the way of killing the germs, because we cannot reach those which are beneath the surface of the tonsils, so we do not in practice attempt to do so by applying strong antiseptics to the tonsils; moreover, apart from theory, there is abundant clinical experience to show that mild cases treated by swabbing of the fauces with strong chemical disinfectants do not do any better than others, and the process is distinctly painful.

What we can do, however, is to keep the fauces clean by washing away the toxin-laden secretions from time to time, and we use for this purpose a douche can—not, incidentally, that abominable and septic instrument the enema syringe—and either normal saline solution or tap water at a temperature of 100 degrees or a little less. We irrigate not only the throat, but the nose also, about every four or six hours until the throat has apparently healed, and afterwards night and morning until the patient is free from infection. We also encourage the elimination of toxins by allowing the patient to drink copiously of water or barley water, and by keeping the bowels open with suitable aperients.

It is necessary also to pay particular attention to the skin, bearing in mind that when desquamation occurs the skin is not doing its proper share of excretion, and is therefore throwing extra work on the kidneys. For this purpose we give daily tepid baths, which are followed by anointing of the whole surface of the skin with olive oil, which may contain a small percentage of eucalyptus or other antiseptic oil to keep it from becoming rancid.

It is as well to point out for the benefit of those who have to attend a case of scarlet fever in a private house that the drinking of cold water and the warm bath are often regarded as deadly heresies by the laity, and a considerable amount of tact may be necessary to overcome the objections which may be raised by the patient's relatives.

Another point that is often discussed is the length of time that a patient suffering from scarlet fever should be kept in bed in the acute stage. Formerly it was the custom to insist on a three weeks' confinement to bed, in the belief that any tendency to subsequent nephritis was thereby diminished, but this has long been abandoned, and it is usual nowadays to allow the average patient to begin to leave his bed about five days after the temperature has fallen to the normal, provided, of course, that there is no special reason for prolonging the period in any particular case.

We come now to the treatment of the toxic or so-called malignant cases, where streptococci are present in the blood from the first. As a matter of fact, about 95 per cent. of these patients die in the absence of any specific treatment, but the mortality can be lowered to about 75 per cent. by the use of injections of normal saline solution under the skin. It is a debatable point whether antistreptococcic serum is of service in these cases, inasmuch as a clear line has not been drawn between the use of this remedy with and without saline injections also.

My own experience is (and it is in conformity with what we should expect to happen in theory) that when the serum is added to about three pints of normal salt solution it is very useful indeed, but that it often fails completely when given alone. Whatever else we do in these cases, we usually give stimulants very freely. At the best, however, we lose the great majority of the patients.

The treatment of the septic cases is on a different footing altogether, and here there can be no doubt that active disinfection of the fauces is very useful, but it is essential not only that the antiseptic employed should be capable of killing germs when it comes into adequate contact with them—and there are many so-called antiseptics that are not—but that it should be applied properly.

We are no longer attempting merely to take away the organisms that are lying loosely on the surface of the fauces, so it will not suffice to use a gargle alone. A gargle, incidentally, is practically merely another name for a mouth-wash, as it neither penetrates beneath the surface nor does it reach the lower part of the tonsils; a mouth-wash, however, is even more useful in the septic cases than in the ordinary cases, but it is not sufficient in itself. A spray, too, is useless, as it merely deposits a fine cloud of antiseptic on the top of the faucial mucus, and it has the further disadvantage that it is very unpleasant, and often frightens children out of their wits.

In practice the best way is to apply some powerful non-toxic antiseptic—I myself use Izal—with a swab once or twice in the twenty-four hours until the ulcerated surfaces show signs of healing, using the douche of saline solution freely in the intervals.

If there is much prostration, saline injections subcutaneously are of great value, but antistreptococcic serum is quite useless.

The treatment of the otitis need not be described in detail here, as it has already been discussed in a former article in this series, but it may be summed up in the free use of the douche, using normal saline solution in the acute stage, and later on astringent drops, a close watch being kept by the nurse for any sign of swelling or tenderness behind the ear, which would render a mastoid operation necessary. If the otitis should show no signs of abating after careful treatment, it may be necessary to perform a radical mastoid operation in order to save the patient from the risk of extension of the inflammation to the brain, or veins in the neck.

We come now to the management of the patient's surroundings with the view of pre-



venting the spread of infection to others. Here the main point is to remember that the throat is the battlefield of the disease, and that all discharges from the mouth and nose are infective, even if they are not obviously purulent in character. All things, therefore, that come in contact with the patient's mouth, such as cups, spoons, and the appliances used for the treatment of the throat, must be placed in some antiseptic solution directly they have been used. In private practice it is convenient to have a bucket of this handy in or just outside the sick room for this purpose.

It is not necessary to enter into the details of isolation and disinfection in hospital practice, as these will vary in different institutions, but in private houses the main points are to isolate the patient in a room at the top of the house and to allow no one but the nurse, or member of the family that is taking her place, to enter the sick room. Outside the door is hung a sheet wrung out of some antiseptic solution, the object of which is not so much to prevent the infection of the air as is popularly supposed; but to act as a label to the sick room. The attendant should wear only washable dresses, which should be covered by an overall whenever she enters the apartment, and taken off when she leaves it. Her hands should be washed before she leaves the room, and in septic cases it is best for her to wear rubber gloves as well. Paper handkerchiefs should be used for the reception of all discharges, and should be burnt immediately after use.

As soon as the disease has been detected, all clothing that the patient has worn should be disinfected—this will be done by the Sanitary Authority—and when he is pronounced free from infection all clothing, books, toys, etc., should be burnt, or, if this cannot be done, disinfected, and the patient should receive an antiseptic bath, and then put on new or recently disinfected clothing before being allowed to mix with others.

#### TERRITORIAL NURSING SERVICE.

The Countess of Minto, C.I., has been appointed Vice-President, and the Lady Ampthill, C.I., a member, of the Territorial Force Nursing Service Advisory Council, in succession to the Duchess of Montrose and the late Lady Grenfell respectively.

The Countess of Minto's work in India, through the Association which bears her name, in bringing skilled nursing to Europeans is well known, and Lady Ampthill also founded a Nursing Institute in Madras. She is also a vice-president of the Society for the State Registration of Trained Nurses, and has taken a deep interest in the question of State Registration, to which Lord Ampthill has rendered such distinguished service.

## OUR PRIZE COMPETITION.

WHAT ARE THE FUNDAMENTAL PRINCIPLES UNDERLYING THE PRACTICE OF MODERN MIDWIFERY AND MATERNITY NURSING. HOW WOULD YOU APPLY THEM WHEN SUMMONED TO A CASE?

We have pleasure in awarding the prize this week to Miss Gladys Tatham, Sherwood, Roehampton Vale, Surrey, for the following paper:—

#### PRIZE PAPER.

First and foremost, the nearest approach to Asepsis possible under the individual circumstances. The degree of Asepsis attainable must be greater or less, according to the condition of the patient's surroundings. It is impossible, with the best will in the world, to make and keep a confinement case *really aseptic* when the woman's bed consists of a filthy conglomeration of rags, flock, and insects, and the patient herself has no knowledge of the ordinary laws of cleanliness. Yet this is a condition which will, more often than not, have to be reckoned with by the modern district midwife. She will naturally approach as near as she can to the high ideal of surgical cleanliness she has, we hope, learnt during her training. A few bowls of her own, rubber gloves and efficient disinfectants will help her.

Next in importance to an ability to maintain Asepsis is the faculty of keen *observation*. The observant midwife will be quick to recognise danger signals which would be passed over unnoticed by a careless or untrained attendant. And she must ever be prepared to meet these emergencies when they arise in the absence of the doctor, for delay may mean the death of the mother and child.

To minimise "the peril" and to lessen "the pain of childbirth" are objects of fundamental import to the modern midwife. Peril from without to be guarded against by Asepsis and gentle deftness of handling; peril from within by quickly recognising abnormalities.

Lessening the pain by warmth, encouragement and suitable help. The fundamental principles may be summed up in a few words—Asepsis, Trained Observation, Altruism.

When called to a case, the nurse or midwife should take in a suitable bag the appliances mentioned in the Rules of the C.M.B. In addition it is desirable to take a clean mackintosh (or the new "mackintet," obtainable at 33, Strand), a few bowls and receivers, Ergot or Ergotine, a hypodermic syringe, brandy 5i, and a pair of boiled rubber gloves and stethoscope.

On arrival she should take a short history

whilst arranging her things, washing up, etc. After arranging the patient for examination, she should examine vaginally with an aseptic hand, gently ascertaining the size of the os, shape of the bag of membranes if it is already formed, nature of discharge, if any, and the condition of the vagina, also, of course, the presentation of the foetus.

If there is time, she will wash and dry her hands and examine abdominally. During these examinations she should have been noting the frequency and strength of the pains and the general condition of the patient. She will then give an enema of soap and water, make the bed properly with clean sheets, draw sheet, mackintosh, and an extra sheet or folded blanket for the patient to lie upon during the labour. The patient should have a bath, or at least a thorough wash; the vulva and its surroundings should be washed with soap, and after with Lysol (1 dr. to water 2 pints), or with Biniodide of Mercury (1-4000). If the patient does not object, the pubic hair should be cut short. A sterile pad of wool soaked in the antiseptic and kept in place by the diaper should be put on if labour is in the earlier stages. The midwife should take the temperature and pulse and record them, and give the patient little drinks of milk, Bovril, etc., to maintain her strength. She should also see that she is as warm and comfortable as the circumstances allow. Douches should *not* be given unless there is an offensive ante-partum vaginal discharge. If such is present, douche copiously with Lysol (1 dr. to water 2 pints) or Cyllin in the proportion of 1-400 at a temperature of 105 deg. F. The mercurial disinfectants are not much use for douching under these circumstances, as the discharge will contain albumen, and this will combine with the mercury and form a useless insoluble compound.

The midwife must be scrupulously clean, careful of decency by avoiding undue exposure, calm but not phlegmatic, cheerful but not noisy, and firm but not harsh or unsympathetic.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss N. Thomson (London), Miss B. Evans (Bristol).

Miss N. Thomson states that the fundamental principles underlying the practice of modern midwifery are those which govern all surgical nursing. The midwife must never forget that nature inflicts wounds in the course of a labour case, and her object must be to prevent germs from obtaining access to these wounds. This all-important fact must be in her mind during the whole of her attendance on the

patient, and govern all her actions. It follows that the fewer vaginal examinations are made, and the fewer douches given, in normal cases, the less chances there are for germs to effect an entrance.

Miss B. Evans points out that the modern midwife, to be safe, must be a disciple and follower of Lord Lister, and the more closely her practice approximates to his teaching, the more successful will the results of her work be.

#### QUESTION FOR NEXT WEEK.

What qualities do you consider specially important in a nurse who has charge of sick children, and why?

### REAL INCIDENT COMPETITION.

A large number of papers were sent in in connection with the Real Incident Competition, and the decision in regard to the best papers did not reach us in time for announcement in our last issue.

We have pleasure in announcing that the judges have awarded the prizes as follows:—

#### PRIZES.

*First Prize* (One guinea).—Miss Anna Margaretta Cameron, Bellagio, Pembroke Road, Bournemouth, W.

*Second Prize* (Fifteen shillings).—Miss S. C. McCall Knipe, 12, Manor Gardens, Holloway, N.

*Consolation Prize* (Ten shillings and sixpence).—Miss L. E. Jolley, Royal Southern Hospital, Liverpool.

The prize papers will not be published, but we hope to print a selection of the remaining ones in this and forthcoming issues.

#### A HOSPITAL TRAGEDY.

By MISS GRACE BAXTER, R.N.

Into the sad bare court of the old hospital a cab rolled rapidly, followed by the usual Neapolitan crowd. "It is a girl!" "She is dead!" "No, she is alive!" "Oh, Madonna, have mercy on her!" and voices were lifted up in tears and lamentations, while the bell was tolled which calls the surgeons to the gate.

The beautiful Teresina was carried gently in, her long black hair hanging over her waxlike, blood-smeared face. Half an hour later Anna, the rival who had killed her, lay dying in the theatre upstairs, with eight wounds in her abdomen and a lie upon her lips, for she would save her murderer from prison at the cost of her soul.

Anna, the pretty coiffeuse who went from house to house combing heads at a penny apiece, had been loved by Peppino until prettier

Teresina came upon the scene. Then a passionate desire for vengeance took possession of her. As she had lived in her wild love, so now she lived in her fierce jealousy. "Nannina," he had said, "go your way; we were not made for each other," and he had cruelly laughed. It was that laugh which drove her to plunge the knife into Teresina's soft body. Then fear assailed her and she fled, only to fall under the knife of the beloved.

The bodies of the two young creatures lie side by side in the gloom of the mortuary chapel, and the bell is tolling. Presently the warm-hearted, tragedy-loving neighbours will rush in by scores, and there will be much tearing of hair, much screaming and lamenting in high-pitched voices. Then quiet again, and the tragedy will be merged in the daily recurring new ones—all more or less on the same lines.

(This incident occurred last night in the Pellegrini Hospital, Naples.)

### "A CURIOUS COINCIDENCE."

By MISS EMILY MARSHALL.

I had joined an Association and was waiting to be sent to a private case.

One night in a dream I found myself nursing a patient in an old country mansion, and attached to the spacious grounds surrounding it was an old wood. In my dream I wandered about until I came to a hollow, in the centre of which was a large black-looking pool of water. The surroundings were most rugged and wild-looking, roots of old trees growing out of the earth, rabbit holes, etc. Suddenly a dreadful-looking man appeared, and I fled back to the house for safety, and awoke to find it was only a dream.

A few days afterwards I was sent to a case in the country, and after driving 7 miles from the nearest railway station I arrived at a beautiful old mansion. The next day my patient's daughter suggested my walking around the grounds, saying, "We have 365 acres—as many days as there are in a year," and added, "Do go into the wood!" She also directed me. I found my way to the little gate, the entrance, and after walking along the old mossy paths for some distance I suddenly recalled my dream; even the black dirty pool of water was there. It all seemed so uncanny I actually got nervous, and was very glad to find myself back again at the house, needless to say, long before I was expected. I related my story to my patient's daughter, and remarked that the only thing missing was the murderer. She replied, "Now that is very curious, as that black pool is always called 'The Murderer's Pool.'"

## THE QUALIFICATIONS OF THE MODERN MATERNITY NURSE.

Mrs. Florence Willey, M.D., said many wise things when addressing the Trained Maternity Nurses' Association at 33, Strand, W.C., on Friday, February 23rd.

The first qualification of the good nurse is, said Dr. Willey, born, not acquired—i.e., a qualification of character — *selflessness* — which means that she must be the kind of person who always has an outward, and not an inward, outlook. Self-consciousness is a fatal failing in a nurse. She should look out on the needs of others, with the desire to help. In other words, she should have sympathy, which literally means "feeling with"—a characteristic which makes the nursing profession one of the noblest.

*Power of Observation.* This, remarked the speaker, is a quality which people possess in extraordinarily different degrees. She instanced an experiment made by the late Miss Buss (Principal of the North London Collegiate School for Girls), who took a number of girls one day into her own private room, which, as a rule, none of them entered, and left them there for half an hour. When they returned to the lecture room she directed them to write an essay on "What I Saw in Miss Buss' Room." Some had seen nothing. Other girls who had the quality of observation—i.e., of noticing things—wrote their impressions, which varied greatly.

Dr. Willey pointed out that those persons who have not the power of observation strongly developed can do much to educate it, and that for a nurse it is well worth practising. A doctor is entirely dependent upon her power of observation, and patients who endure most suffering do not always say so. She should observe whether a patient is in pain; if so, how the pain comes on, how long he sleeps, and whether the sleep is peaceful. As to posture, the position in which he lies. A good nurse sees in what position he is naturally most comfortable. In all details of this kind she is the doctor's only channel of information, and if she is not observant she is useless.

*Accuracy* is another essential quality in a nurse, and is much more difficult of attainment than the majority of people think. We all have an idea that we speak the truth; as a matter of fact, nobody in the world speaks the truth or describes anything exactly as it happens. For this reason it is most important that



nurses should keep a report book open on the table and write things down as they occur. It is futile to write a report at the end of the day.

Take the question of the record of sleep. Three nurses attending the same patient would not record the same amount of sleep. That is why a note should be made at the time as to when a patient falls asleep and when he wakes up.

The value of observations made at the time is so well known in courts of law that they are held of more or less account according to the time which elapses after the event before they are recorded, as this tells in the accuracy of the record.

Supposing, said the speaker, you were asked to write an accurate account of something you had seen. Would not your first impulse be to say, "Why didn't you tell me you wanted me to write it?" Which means that had you known what would be required of you, you would have observed more closely at the time.

A thing which must also be reckoned with, even in the most carefully trained and accurate observers, is what is known as the personal factor, and when this is discovered allowance is made for it.

*Conscientiousness.*—Closely allied to accuracy, said the speaker, is conscientiousness in reporting. Probably there is no profession in which there is greater temptation to slovenliness in this matter than in the nursing profession. Reports should be given with great accuracy, and should a mistake be made the doctor should immediately be notified. Dr. Willey mentioned the instance of a nurse who gave a patient a 15-gr. tabloid of perchloride of mercury instead of one of calomel. She did not notify the doctor, who called by the purest accident and discovered from the symptoms what had happened. The dose was sufficient to kill several people, and though the patient happily escaped death, because she vomited the greater part of it, she was gravely ill.

On another occasion a patient complained of intense pain when the nurse was giving an enema, but the nurse did not believe it, and continued to administer the enema, nor did she report the pain. Later the patient was discovered to be suffering from a huge abscess in the ischio-rectal fossa. If the nurse had stopped giving the enema, and reported the reason to the doctor, the patient would have been saved months of suffering.

*Reticence.*—By reticence, Dr. Willey remarked, was meant the power of knowing much and saying little or nothing, and this must be

acquired if the honour of the nursing profession is to be maintained. A nurse hears more than the doctor through her intimate relations with the household, and learns these things when patients are off their guard, through illness. In my opinion, said the speaker, if a nurse reveals knowledge which she has acquired because of her professional relations the right word to describe her conduct is treachery. She should make it a point of honour not to mention former patients, or the illnesses they suffered from. As English people we like to play the game. Nurses are not playing the game if they do not keep absolute silence concerning their patients.

*Habit.*—Speaking of the habit of silence, Dr. Willey pointed out that habit is one of the most powerful things in the world, and an enormous force. If a nurse acquires the habit of doing a thing in the right way, it will become impossible to do it in the wrong way.

Any good teacher of music will instruct his pupil not to play a new piece faster than she can play every note right. By and bye when speed is gained it will be impossible to play wrong notes. If a thing is once done in a certain way the impulse becomes irresistible to do it the same way again. A nurse has many things to think about, and if once right habits are acquired in regard to routine duties, these can be relegated to her sub-conscious self which will do the work automatically.

Three things are specially needed for maternity nurses.

1. *The Habit of Asepsis.*—Dr. Willey informed her hearers frankly that for those who leave hospital at the end of three months the aseptic habit is most difficult to acquire. They may know about it, but that is another matter from acquiring the habit. She strongly advised every maternity nurse who has only had special training to obtain surgical training in addition.

In examining for the Central Midwives Board, she remarked, if I ask a candidate what she would do if violent hæmorrhage comes on, a very constant reply is "Go and sterilize my hands." A midwife who has acquired the habit of asepsis would not allow her right hand to become septic, knowing that it might be needed for an emergency. That is where serious training comes in. The lack of the habit acquired in the course of prolonged surgical training, leaves the midwife a more or less unsafe person.

Other qualifications emphasised by Dr. Willey were (2) Forethought for emergency, and (3) A knowledge of infant care. M. B.

## THE LEAGUE OF SCHOOL NURSES.

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On Wednesday, February 21st, Dr. Kerr gave a lecture to the school nurses on the "Eye."

He dealt principally with diseases of the eye common to childhood.

In mentioning acute conjunctivitis of the new-born child—*Ophthalmia neonatorum*—he said that nearly all the children attending the special schools for the blind were quite blind or partially so from this disease.

One had to notice the child with half-shut lids, often a sign of Myopia, and sometimes of Trachoma.

In the latter disease it was accompanied by a dark rim. Nits were sometimes found on eyelashes, and pediculi had been found on the cornea.

The form of conjunctivitis known in the schools as "blight" or "pink eye" was very common. It could be recognised by slight redness round iris, eye watery and some flaky bits of pus. It was very rare for this disease to cause any serious trouble.

It had been found that taking away the towels was an effectual means of preventing the spread of the disease. Repeated catarrhal attacks resulted in a chronic form of granular conjunctivitis leading to red lids and falling out of eyelashes.

The condition of granular lids with the half-shut appearance might be trachoma. On the lids, chiefly the upper, are found small round bodies known as sago grains. This disease, which is contagious and difficult to cure, leads to a condition which is practically blindness. It is not very prevalent in England. In Russia and Egypt great numbers suffer from it.

When a case is found, prompt measures are taken for the child to be sent to a special home for treatment. If a child is suffering from Photophobia, ascertain the cause at once. It may be due to a foreign body, which should be removed, or to a corneal ulcer, which should be treated as soon as possible.

In speaking of wounds of the eye, Dr. Kerr said the commonest cause was a child taking a fork to undo a bootlace. The use of scissors was also frequently the cause. However small the wound, if it occurred partly on the cornea and partly on the white of the eye it was extremely serious. It meant the removal of the eyeball in most cases. If not removed, the injury would set up sympathetic ophthalmia in the sound eye, with grave results.

Another disease one came across was Interstitial Keratitis, in which the cornea had a steamy look. This was often found associated with a pegged condition of teeth—Hutchinson's teeth—and was due to congenital syphilis. It came on usually at 10 to 12 years of age. Another symptom which sometimes occurred was a form of deafness which comes on suddenly. Prompt treatment may ward it off.

For all eye complaints Boracic Lotion could be safely recommended. Never use lead lotion for a child's eye, nor for any eye where there is the slightest imperfection of cornea. The lead will penetrate, and a white mass will be the result. All the chronic forms of eye disease common to school children are due to debility.

Children removed to open-air schools speedily get well.

Dr. Kerr dealt with vision and the reasons for giving glasses.

For very bad squint more treatment than glasses was necessary. The slight operation for severing the muscle could be safely recommended.

Dr. Kerr received hearty applause at the close, and Miss Pearse thanked him on behalf of the nurses.

R. B. D.

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## CENTRAL LONDON SICK ASYLUM NURSES' LEAGUE.

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The Cleveland Street Branch of the Central London Sick Asylum Nurses' League will be At Home at headquarters, the Cleveland Street Asylum, on March 9th from 4 to 8 p.m. We are glad to know that Miss Leigh, the President, is now convalescent after her serious illness, and hope she may continue to regain health. She has been greatly missed throughout the institution since she has been off duty.

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## A ROYAL AND PATRIOTIC WOMAN.

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We regret that the Duchess of Aosta, who, under the name of Mme. Aosta, volunteered as a nurse on the outbreak of war between Italy and Turkey, is suffering from overwork. On her return to Italy from Tripoli on the hospital ship *Menfi* with the wounded, the Duchess suffered from fever, but, notwithstanding, performed her duties on the voyage with the greatest devotion. On the arrival of the vessel at Naples, this royal and patriotic woman was obliged to rest from her labours. May rest soon restore her to health.

## THE NURSES' REGISTRATION BILL.

The Nurses' Registration Bill, promoted by the Central Committee for State Registration of Trained Nurses, will be introduced by Mr. R. C. Munro-Ferguson this week. It is identical with the Bill introduced last session, and is influentially backed by members of every Party in the House of Commons.

*Liberal.*—Dr. Addison, Mr. Annan Bryce, Mr. J. Duncan Millar, Mr. Percy Alden.

*Unionist.*—Viscount Wolmer, Sir George Younger, Mr. Scott Dickson, Mr. J. F. Remnant, Mr. P. Kerr-Smiley (Irish).

*Labour.*—Mr. J. Ramsay Macdonald.

*Nationalist.*—Mr. W. Field.

We hope that supporters of this important Bill will from all over the United Kingdom write and get friends to write to members of Parliament, urging them to take active interest in it. Every registrationist resides in some constituency, and it is her duty to bring the matter before its member. In these days no legislation, especially that which affects the status of working women, can be accomplished without conscientious and persistent work upon the part of the class affected, and we call upon every reader of this journal, the only journal for nurses which has the disinterested courage to agitate for organised education and a recognised legal status for trained nurses, to do her part and bring the question forward to the notice of the legislators in either House of Parliament in whose district she resides.

The greatest obstacle to women's progress is the selfish apathy of the average woman, and often in professional life of those of its members who are holding well-paid positions of responsibility. It is to their shame and discredit that this is true. And those matrons, therefore, who have the courage to stand firm for justice for the rank and file, are all the more to be commended, and the whole-hearted support of the rank and file should be theirs.

Second, in obstruction, to the lack of courage of those who should lead the profession in its just demands, are the unethical lay edited commercial journals dealing with professional affairs. They naturally fear a self-respecting ethically constituted body of trained and registered nurses. Their sole aim is cash, and by every means in their power they will fight to extract it. Remember, every penny spent on

the anti-registration press is grist to the mill which grinds your professional aspirations and rights to powder. Those nurses who profess to be in favour of professional organization, and professional status for trained nurses, and who surreptitiously associate themselves for money with these quack nursing papers, should take themselves to task and reconsider their position. They should either dissociate themselves from those who are the open or covert enemies of our cause, or by openly confessing their association with the anti-registration press, cease to pose as registrationists. Loyalty and honour demand one course or the other.

## REGISTRATION IN SCOTLAND.

The Annual Meeting of the Association for the Promotion of the Registration of Nurses in Scotland, of which Lord Inverclyde is President and Dr. D. J. Mackintosh, M.V.O., Hon. Secretary, was held in Edinburgh on Tuesday at the Gartshore Hall, Y.M.C.A., George Street. We hope to publish a report in our next issue.

## SCOTTISH NURSES' ASSOCIATION.

A meeting of the Scottish Nurses' Association (President, Sir William Macewen) will be held in the Christian Institute, Bothwell Street, Glasgow, on Monday, March 4th, at 4.30 p.m. Miss Paterson, one of his Majesty's Commissioners, will address the meeting, and the position of nurses under the National Insurance Act will be explained.

## ASYLUM OFFICERS' AND SERVANTS' BILL.

On Monday Viscount Wolmer again brought into the House of Commons his "Bill to limit the hours of employment of officers and servants in asylums and to amend the Asylum Officers' Superannuation Act, 1909."

## BEQUESTS TO NURSES.

Mr. Robert Collins, of the Pier Hotel, Brighton, bequeathed £8,000 to his nurse, Miss Maude Froude.

Under the will of the late Sir Henry Harben, his nurse, Miss Maria Albert Jeans, benefits to the extent of £1,000. The will states that the bequest is "in token of his gratitude for her skill and careful attention to him."



## APPOINTMENTS.

### MATRON.

**The Hospital for Sick Children, Moor Edge, Newcastle-on-Tyne.**—Miss Margaret Watkins has been appointed Matron. She was trained at the General Hospital, Nottingham, and at the Hospital for Sick Children, Newcastle-on-Tyne, and has held the position of Ward Sister, Out-patient Sister, and Theatre Sister in the latter institution, and has also acted temporarily as Matron on various occasions.

**Children's Hospital, Sheffield.**—Miss M. E. Mee has been appointed Matron. She has held the positions of Home Sister and Assistant Matron at the Royal Infirmary, Sheffield.

**Broseley Hospital, Shropshire (The Lady Forester Trust).**—Miss Eleanor Rayner has been appointed Matron. She was trained at the London Hospital, E., where she has held the position of Massage Sister. She has also been Assistant Matron of the York Nurses' Home, and Matron of the London Hospital Convalescent Home, White-stable, and of the Trowbridge Hospital.

**Swithland Convalescent Home for Women, Leicester.**—Miss A. M. Osler has been appointed Matron. She was trained at the Royal Infirmary, Wigan, where she has held the position of Assistant Matron. She has also been Matron at the General Infirmary, Wrexham, at the Royal Institution for the Blind, Birmingham, and at the Convalescent Home for Girls, Ramsgate. She is a Certified Midwife.

**The Royal Infirmary, Aberdeen.**—Miss Elizabeth Edmondson has been appointed Matron of the Royal Infirmary, Aberdeen. She was trained at the Royal Infirmary, Edinburgh, where she held the position of Assistant Night Sister, temporary Laundry Matron, and Ward Sister. She has also worked as a member of the Army Nursing Service Reserve (South Africa) as Night Superintendent, at the Salop Infirmary, Shrewsbury, and as Matron at the Beckett Hospital, Barnsley.

### ASSISTANT MATRON.

**Royal Infirmary, Sheffield.**—Miss J. Brownley has been appointed Assistant Matron and Home Sister. She was trained at University College Hospital, London, where she has held the positions of Ward Sister and Night Sister.

### NURSE MATRON.

**Infectious Diseases Hospital, Seaham Harbour.**—Miss Elizabeth Alice Law has been appointed Nurse Matron. She was trained at the Birmingham Infirmary, and has held the position of Matron at Houghall Hospital, Durham. She has also had experience of private nursing.

**The Carlton Isolation Hospital, near Worksop.**—Miss E. Alice Cannon has been appointed Nurse Matron. She was trained at the Hull Infirmary, and at the Renfrew and Clydebank Joint Hospital, and has held the position of Staff Nurse at the City Fever Hospital, York, and of Charge Nurse and Assistant Matron at the Renfrew and Clydebank Joint Hospital.

### SISTER.

**General Infirmary, Worcester.**—Miss J. E. Williams has been appointed Sister. She was trained at the General Infirmary, Macclesfield, and has held the position of Staff Nurse at the Carnarvon Cottage Hospital and the Coventry Hospital.

**Jewish Hospital, Manchester.**—Miss Margaret Hacking has been appointed Sister in the Women's and Children's Ward. She was trained at the Royal Infirmary, Halifax.

### NIGHT SUPERINTENDENT.

**The Infants' Hospital, Vincent Square, Westminster.**—Miss Ellen M. Gibbons has been appointed Night Sister. She was trained at the General Hospital, Tunbridge Wells, and has held the position of Sister at the Hospital for Sick Children, Derby.

### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

#### COUNTY SUPERINTENDENT.

Miss Mary Brunton is appointed to Norfolk as County Superintendent. She trained at Brownlow Hill Infirmary, Liverpool, and subsequently worked at the Ear and Throat Hospital, Birmingham, and at the Blackburn General Infirmary. She was then appointed Assistant Matron at Brownlow Hill Infirmary and Superintendent of the Highfield Infirmary, Liverpool. Miss Brunton took her midwifery certificate at the Royal Maternity Hospital, Edinburgh. She trained as a Queen's Nurse at Cardiff, and worked at Tipton and Ocker Hill, and has also done temporary work for the Institute in England and Wales. She has recently been Assistant Superintendent and Inspector of Midwives under the Surrey County Nursing Association.

*Transfers and Appointments.*—Miss Afela Austin is appointed to Burnley, as School Nurse; Miss Nora Brice to Douglas, Maternity; Miss Maud Chapman to Silvertown; Miss Agnes Divine to Leeds, Holbeck; Mrs. Clara Jackson to Charlton; Miss Lilian Ludwig to Huddersfield; Miss Louisa Mooney to Widnes.

### LADY MINTO'S INDIAN NURSING ASSOCIATION.

The following appointments have been made:—

#### NURSING SISTERS.

Miss Violet Ashworth. Trained at King's College Hospital. Subsequent experience, Sister at Florence Nightingale Hospital for Gentlewomen, and Private Nursing. Certified midwife. Sailed for India, January 24th.

Miss Ursula Hughes. Trained at the London Hospital. Subsequent experience, Private Nursing; Queen's Nurse in charge of a district. Certified Midwife. Sailed for India, February 28th.

Miss Margaret Kempster. Trained at the Mill Road Infirmary, Liverpool. Subsequent experience, Sister Anglo-American Hospital, Cairo; Sister Royal Waterloo Hospital, London; Private Nursing. Certified Midwife. Sailed for India, February 28th.

## NURSING ECHOES.

The Australasian Trained Nurses' Association have sent the sum of £74 toward the Nightingale Memorial Fund.

As we go to press a Conference of Representatives of Associations affiliated to Queen Victoria's Jubilee Institute for Nurses is being held at Denison House, Vauxhall Bridge Road, Westminster, when the National Insurance Act will be discussed (1) in connection with the obtaining of grants from the Approved Societies and Insurance Committees under Section 21 of the Act; (2) the obtaining of representation on the Insurance Committees under Section 59; (3) How the relations between doctors and district nurses and (4) hospitals and district nurses may be affected; (5) How the position of district nurses as midwives may be affected; (6) The position of nurses as insured persons; (7) The formation of an Approved Society for nurses.

A scheme for obtaining wider representation of the Affiliated Associations on the Council of the Institute will also be discussed. It is suggested that those Associations which already have the power of electing representatives should not be interfered with; that about 10 additional representatives should be appointed by Associations which are not already represented; that Associations should have a vote in respect of every Queen's Nurse employed, and possibly a County Association for all the Associations affiliated to it, the election to be by post. Further, that two representatives should be appointed by the North and South Wales Nursing Associations, and that the Associations outside Dublin should be entitled to a representative.

We have from time to time pointed out the propriety and necessity of placing the mortuaries in hospitals and infirmaries in charge of a Sister or certificated nurse. The need of close supervision of mortuary arrangements has been illustrated at the Leicester Poor Law Infirmary recently, when of two bodies lying in the mortuary for interment one was placed in the wrong coffin, and buried as that of the other woman. The friends are now applying for authority to exhume the body for proper interment.

Nothing can be more painful to relatives than the occurrence of such blunders, and the best method of avoiding them is for a nurse in charge of the mortuary to accompany the shell, or bier, to the ward, take over the charge of

the body from the Ward Sister, with the name and other particulars attached, and herself see it placed in the coffin and deliver it to the relatives. Unless a routine of this kind is rigidly observed, errors are sure to occur from time to time.

Commenting on the letter in the *Lancet* from "A Hospital Matron" on "The Admission of Venereal Cases to General Hospitals," Mrs. Kanthack Voss (who was one of the most brilliant women ever trained at St. Bartholomew's Hospital) writes:—

"The writer of the letter bases her objection ('that in every hospital there should be accommodation for the treatment of venereal cases, both as in-patients and as out-patients'), on the disturbing effect it might have on the susceptibilities of 'the ordinary well-brought-up girl of from 20 to 25, the usual age at which probationers enter hospitals,' and who 'is ignorant of the existence of venereal disease and of the horrible consequences of contracting it,' and who, therefore, 'certainly should not be exposed under compulsion and in ignorance to such a vile contagion.' But this seems to be hardly a valid plea to urge against admitting venereal cases into general hospitals. To begin with, they are admitted into many general hospitals every month in the year, though not into 'special wards,' and, though not always labelled as such; and, therefore, apparently no exception is taken to their presence in the wards. I need only quote from an annual volume of Hospital Reports I have at hand that contains a list of all the medical and surgical cases admitted during the year into a large London hospital. It so happens that nearly twenty years ago that same hospital decided to close its male and female 'lock ward' with 22 beds, and this was converted into a general surgical ward. I was sister of that ward afterwards for three years, and many 'specific' cases came in for operation. In the reports, I note gonorrhœa, 3 cases; gumma, 1 case; tabes dorsalis, 24 cases; syphilis, 17 cases; and there are probably others.

As regards infection, every woman who takes up nursing or midwifery knows—or *ought* to know—what risks she runs, while her exposure to infection only differs in degree but not in kind from that of the medical men and students who attend infective cases. The contact with certain forms of venereal disease constitutes a very serious risk to all who enter the medical or nursing professions. But women may become midwifery pupils at an age before they are admitted by some of the large general hospitals, and in district work they are exposed to far greater danger of infection from gonorrhœal discharges and from handling infants exhibiting the external manifestations of congenital syphilis than they are likely to be exposed to in the wards of a general hospital.

A high degree of 'nerve' and of moral courage is required to make an efficient type of nurse, but she also needs to carry about with her Charity's mantle. 'A Hospital Matron' says very truly that 'no real nursing can exist where the patient's personality is treated as non-existent, and the area of disease alone is considered.' But surely this is an argument all the other way. The disease and its etiology may inspire the nurse with 'horror and repulsion,' but if, at the same time, it induces her to feel nothing but 'disgust for its victims,' I think she would be wiser in choosing some calling that makes no claim on her human sympathies. The 'intolerance of youth' is not permitted to those who nurse the sick. All of us who have worked in general hospitals have had occasion to nurse 'police cases.' But a patient is a patient, and so long as his physical disabilities require our skilful ministrations his entire dependence on us must appeal to our nursing instincts, and we take little or no count of his moral obliquities. Incidentally, I have known this attitude to have a very humanising effect on the 'sinner.' And with regard to the sinner who comes to us for bodily tending I think we would do well to remember how it was once said: 'Neither do I condemn thee.'"

We agree with Mrs. Kanthack Voss that when a woman enters a hospital for training she must be prepared to take risks, but our opinion is that it is the duty of hospital committees to reduce those risks to a minimum by expert teaching of probationers in relation to every disease to be nursed, and also to teach them the science of preventive nursing.

Personally we visited the venereal wards alluded to nearly every day for six years, and well remember the gratitude of both men and women for personal recognition and interest in their tragic condition. There was on one occasion a cab full of white flowers sent from a wedding, and we had them all sent to Magdalen and Lazarus. They made a brave array, and as a symbol of purity delighted many doomed creatures for days. It is high time we eliminated moral censure in treating venereal patients; the disease and the human entity are the primary concern of the doctor and the nurse.

The danger which may occur to patients when persons who are mentally unstable are employed in nursing duties is illustrated by the deaths of infants which have occurred in a New York Hospital. A woman suspected of being concerned with the mysterious illness from which eight babies have died, besides a dozen more being seriously ill, has, so a contemporary states, confessed that she put oxalic acid into the babies' bottles. She asserted to the police

that she did not wish to poison them, but that she "wished to get square with the nurses and other people who had not treated her and her baby right." Her method of revenge was to make the babies ill, so that they might have to work hard. Her way of achieving this was to go to the refrigerator late one night, and pour a little oxalic acid into each of the bottles of milk. When she had treated some dozen bottles she was frightened by the slamming of a door, and retreated. She appears to have been employed, out of charity, to assist the nurses that she might be near her own baby.

We are asked by Miss Donaldson, Matron of the Mount Vernon Hospital, Northwood, to state that the meeting of the Nurses' National Total Abstinence League, which was to have been held at the Hospital on March 6th, has been unavoidably postponed owing to unforeseen circumstances.

### THE PASSING BELL.

With every mark of respect and honour the funeral of the late Mrs. Kildare Treacy, Matron of the City of Dublin Nursing Institution, took place on Tuesday, February 20th. In addition to the near relatives, and a large number of the general public, the directors of the City of Dublin Nursing Institution were represented by Mr. W. I. de Courcy Wheeler, F.R.C.S., Dr. Robert Wheeler, Dr. Gibbon FitzGibbon, and Dr. G. E. Fitzgerald. Thirty of the nurses went to the Kingsbridge Station, and two of their number—Miss Growney and Miss Carr—represented the Institution at the funeral service at Castlecomer, Co. Kilkenny. The Irish Matrons' Association was represented by its President, Miss O'Flynn, Matron of the Children's Hospital, Temple Street, Dublin, Miss Ramsden, Miss Kelly, Miss Holden, Miss Sutton, Mrs. Manning, Miss Eddison, Miss Bradbourne, Miss Joy, Miss Lamont, Miss Keating, Miss Towers, Miss Jones and Miss Burkitt.

The Irish Nurses' Association was also represented by its President, Miss I. C. Keogh, Miss Shuter, Vice-President, Miss Huxley, Miss MacDonnell, R.R.C., Miss Carson-Rae, Secretary, and other members, and three Sisters represented Steevens' Hospital.

The wreath sent by the Society for State Registration of Trained Nurses was of white lilies and violets, and bore a suitable inscription. The Irish Matrons' Association sent a wreath, and the Nurses' Association a cross, of choice flowers.

The Directors of the City of Dublin Nursing Institution at their last meeting unanimously expressed, by resolution, their "deep regret at the loss the Institution has sustained by the death of Mrs. Kildare Treacy—whose whole-hearted devotion to the Institution did so much to raise it to its present position."



## REFLECTIONS.

## FROM A BOARD ROOM MIRROR.

After the great success achieved last year at the Savoy Theatre by the production of "The Belle of New York" by amateurs for the benefit of the funds of the Middlesex Hospital, the experiment is going to be tried again this year. A company of over seventy ladies and gentlemen are busy rehearsing a new and original musical play entitled "The Military Girl," written and composed by Charles and Muriel Scott-Gatty. This will be somewhat of a novelty, as the public will have the opportunity of seeing amateurs in an original play, and not imitating professionals in well-known characters.

Important medical bodies and others are considering the promotion of an International memorial to Lord Lister in Glasgow, in which city, while Professor of Surgery, he started his antiseptic treatment.

The Lord Mayor of London is presiding on February 28th over a meeting at the Mansion House with the object of raising funds for the extension of the London School of Tropical Medicine.

At the Annual Court of Governors of Charing Cross Hospital Mr. Robin Duff, the chairman, stated that the heavy mortgage debt, which had crippled the hospital had been reduced by £21,000, *i.e.*, from £85,000 to £64,000. It has been practically decided to open two of the closed wards for patients who can pay a small sum.

Lord Donoughmore, treasurer of the London Homœopathic Hospital, Great Ormond Street, W.C., has received an annual subscription of five guineas from the Worshipful The Company of Carpenters towards the amount due to bankers of £6,500. The hospital has a deficit on the income and expenditure account to December 31st last of £1,624. Donations to reduce this deficit will be gladly received by the Treasurer.

The Governors of the Leicester Infirmary, at a meeting of the Board on February 21st, adopted the following resolution, which was moved by Sir Edward Wood, J.P. (Chairman of the Board), and seconded by Mr. T. Fielding Johnson, J.P. (Chairman of the House Committee):—

"That, in view of the information submitted to the Board of Governors of the Leicester Infirmary, a suggestion be made to the British Hospitals' Association to appoint a Committee to consider the advisability of the English Hospitals combining for the purpose of forming an Approved Society under Section 23 of the National Insurance Bill, and in the event of the British Hospitals' Association not being able to adopt this suggestion, the English Hospitals be circularised with a view to an early meeting being called to discuss the advisability of forming an Approved Society under

the Act, and a competent authority on the Bill be invited to address the meeting."

The matter was considered solely from the point of view of Hospital Employees, and the Board held that it is in the interests of every body concerned that an approved Society be formed in connection with the Hospitals.

A committee representative of the principal hospitals in Dublin have also stated their position in an appeal to the public, in which they say that the hospitals are threatened with a loss of income which can have only one result, to cripple and perhaps destroy the system of voluntary hospitals. The gravity of the crisis is described as extreme.

Speaking at the Annual Meeting of the managers of the Aberdeen Royal Infirmary, and Royal Lunatic Asylum Corporations, Professor Davidson referred in seconding the report to the large increase in the number of those entering the asylum. He said: "I really do think that this matter of heredity will have to be faced before long by the State itself. Then apart from this sad aspect of it, namely—the increase in the number entering the asylum, we have the other and pleasant side, namely—the number of those who have been sent forth recovered."

## THE FUSEHILL STRIKE.

The Local Government Board have communicated to the Carlisle Board of Guardians their decision with regard to the inquiry recently held, arising out of a strike by the Probationers at the Fusehill Workhouse Hospital, Carlisle, against their treatment by the Superintendent Nurse, Miss Kerwin:—

"They find that there was no justification for the conduct of the Probationer Nurses generally, in absenting themselves from the Workhouse without notice and without leave. Their desertion from duty caused the greatest inconvenience, was most prejudicial to the interests of the institution, and might well have had more serious consequences. It is clear from the evidence that any small causes for dissatisfaction which may have existed were very much magnified, and that there is no ground on which the Board would be justified in determining the appointment of the Superintendent Nurse, whose position, with that of the Charge Nurses, has, under recent conditions, been one of extreme difficulty. The Board understand that the Probationer Nurses have all given notice of resignation, but have remained at the Workhouse pending their decision on the present inquiry. In any event the Board could not have allowed them to retain office, and they must request that their employment may be terminated as early as possible. The Board think it may be convenient that their Inspector, Mr. Lowry, should confer with the Guardians as to future arrangements, and as to certain minor matters, for example the system of passes and dietary allowances to which reference was made at the inquiry."

## SLEEPING SICKNESS.

Four lectures on the Sleeping Sickness were delivered by Dr. Sandwith, Gresham Professor of Physic at the City of London Schools, on February 13th and three following days.

The Professor said that in Dr. Livingstone's travels there were frequent references to a species of fly called *tsetse*, which abounded on the banks of the river. He described it as not much larger than the horsefly and in colour like a honeybee. It has a peculiar buzzing sound once heard never forgotten. Its bite is fatal to horse, dog, and cattle. In one journey he says "we lost forty-eight oxen although we did not see more than a score of *tsetse* flies."

Dr. Livingstone goes on to wonder why man did not perish too.

The *tsetse* fly acts as a carrier of a living parasite, which procures the disease from a living source. It has been proved that where there is no game there is no parasite. In many wild game this parasite appears to be perfectly innocuous, but becomes deadly when injected into the domestic animal.

There are two reasons why this cattle disease (*lugana*) is of immense importance.

1. It forbids farming;
2. It renders travelling on foot almost impossible

Sir David Bruce's later investigations showed the analogy of cattle disease to sleeping sickness in man.

Briefly, there is one *tsetse* fly that conveys the *lugana* to cattle and another *tsetse* fly that conveys sleeping sickness to man.

Unfortunately, it has also been proved that the cattle fly can also convey the Sleeping Sickness, so that there are two flies that convey this fatal disease, viz., the *Glossina morsitans* (of cattle) and the *Glossina palpalis*.

Dr. Sandwith remarked that Sleeping Sickness was not a good name for this disease, as lethargy was a symptom only of its last stages. It is better called Human trypanosomiasis.

In its later stages the diagnosis is always easy, and the prognosis is always bad.

For the extermination of the disease, three courses appear to be open:—

1. The destruction of the *tsetse* fly;
2. To render immune man and the domestic animals, as wild game appears to be;
3. To discover drugs that will cure it.

The *tsetse* fly is rarely to be found more than thirty yards from the water, and it always requires shade, but when in search of blood it will follow men or animals for long distances. It does not lay eggs, but one larva or maggot develops at a time in the mother fly. The work of deforestation round its haunts is occupying the attention of the Government. The scourge of this terrible disease is of great magnitude, and on the shores of the Lake Victoria Nyanza it threatened at one time to obliterate the entire population.

## OUTSIDE THE GATES.

## WOMEN.

The meeting at the Royal Albert Hall, on Friday, February 24th, convened by the National Union of Women's Suffrage Societies, and presided over by Mrs. Henry Fawcett, LL.D., who received a great ovation, was a memorable gathering, the hall being crowded from the arena to the roof. The beautiful banners of the Affiliated Societies decorated the front of the boxes, and one of the most enjoyable features of the evening was the singing of suffrage songs by a white-robed choir, as the great audience assembled. The Chancellor of the Exchequer was somewhat severely heckled as he delivered the speech of the evening, in which he reiterated the promises publicly made by the Prime Minister, and made profession of his unbounded faith in the integrity and honour of his chief. Mrs. Philip Snowden, who may be said to have represented "labour," spoke with eloquence and force; and the Earl of Lytton, who always commands a respectful hearing, when he speaks on behalf of a cause for which he has done so much, gave excellent advice, when he quoted Shakespeare's words—

"Now put your shields before your hearts,

But fight with hearts more proof than shields."

The collection (£5,280), was a record one for the National Union; and the Resolution of the evening, "That this meeting calls upon Parliament to enfranchise women in 1912," was carried with enthusiasm.

The Kaiserin was present last Saturday at the opening in Berlin of a most interesting exhibition, named "Die Frau in Haus und Beruf" devoted to the work and interests of women, organized by Frau Hedwig Heyl, charmingly named "the Mother of Berlin." Frau Heyl in her opening speech said that the exhibition signified that peace had at last been concluded between woman's two great spheres of work—the home and her profession, which were at first thought to be antagonistic to one another.

In an interesting interview with a representative of *The Standard* Frau Heyl told her interviewer that she received many of her ideas from the English Princess who came to Germany, first, as Crown Princess and was afterwards the Empress Frederick. "When I was with her," she said, "I always liked to have a note book and pencil at hand, for I do not think I ever had a conversation with her in which she did not give me some new and illuminating idea. She was a marvellous woman, and if she was not always understood it was because she was forty years in advance of her time."

Frau Heyl also said that the present Empress takes the greatest interest in women's work, and on one occasion remarked, "I cannot understand why women do not get the same payment as men for the same work." Frau Heyl informed her Majesty that "not even the most advanced woman in Germany went further than that."

## THE SEVENTH MARCHIONESS OF RIVIÈRE.

(Continued from page 136.)

"THE LOVER OF THE SOUL REMAINS ITS LOVER THROUGHOUT HIS LIFE, IN AS MUCH AS HE HAS UNITED HIMSELF TO THAT WHICH IS EVERLASTING."

On the following morning the Marquess of Rivière stood for quite a while with this letter in his hand before he opened it. An envelope boldly inscribed and symmetrically sealed. Surely it was not possible that two hands could form letters so identical.

Then he broke the seal and glanced over the page at the crabbed signature—Edward Leroy.

"Fool," he said aloud. Nevertheless he slipped the letter into his pocket-book, after comparing the writing with one already there, unstamped, and addressed to his lady mother.

He caught the censorious eye of his Scotch terrier.

"Well! old lady?" he questioned.

"Yap—yap," she snapped at him.

"Burn them both you say? Ah! there spoke jealousy—or you would know that fuel added to fire makes furnace. The letter says 'any day.' Therefore we will go and see our philosopher to-day. With all your wisdom do you know that to-morrow may never be? You do not believe that? Did you mention Elysian Fields, where little dogs may find freedom for ever and ever? No! Well, if I were a vain person I should interpret the language of your eyes to say: 'You are my to-morrow, and my Elysian Fields.' May I not also have something to worship?"

But this astute canine companion was far too wise to argue with her master when in such a whimsical mood—so she hopped into her basket, and wondered why he let his breakfast get cold.

\* \* \* \* \*

When Andrea contradicted the philosopher she did it in quite a smiling and chirpy way which apparently gave no offence. Indeed he appeared to enjoy it, and with her flouting of convention he was entirely in sympathy.

Not so Mrs. Leroy. Chaperons were still on the *qui vive* when Andrea was twenty—and for a young girl to wander about London alone—or even to be seen in a hansom cab—was considered the height of impropriety. It classed her with the "Girl of the Period."

"But how can a live girl be otherwise?" asked Andrea, in her logical way.

To this Mrs. Leroy objected. "You see," she explained, "she wears a pork-pie hat, and very high heels, and very short petticoats, is altogether fast and conspicuous, and kicks over the traces generally."

"But Andrea does none of these things," interposed the philosopher.

"No, but if it is said she does—that is even worse," his wife answered. "Girls cannot be too careful."

"Of what?" snapped the recluse.

Then up jumped Andrea.

"Dear people, don't argue about me," she laughed. "How can I study if I don't come in contact with humans, books don't really count—no one molests me, why should they?"

"Now Andrea," began Mrs. Leroy, "you know you are a most attractive creature, the way you wear your clothes—the—"

"I attract all I can," confessed Andrea, truthfully. "I just love to. It is such a help when you want to do things. You have no idea how many friends I have made around here."

"Friends!" exclaimed Mrs. Leroy.

"Oh! wonderful people—they all live round about—dodging in and out of horrid holes and corners—close here to these lovely parks and palaces. All hungry, dirty, diseased—but really beautiful people—who share crusts and drinks and pity one another. Mentor, put down your pen—and let me tell you of real things."

"Facts accurately annotated are the only real things," spoke the pedant.

"Oh, la-la, pitch them all on the fire-back," cried Mrs. Leroy impatiently.

"You cannot burn facts, my dear," answered her husband reprovingly.

"Oh! Surely when accurately annotated," laughed Andrea.

"The fact remains," pronounced the philosopher sententiously.

"That some day these hungry people will come and upset all your statistics," she flung back at him—as she disappeared from the room.

She had glanced at the clock—it was on the stroke of five.

\* \* \* \* \*

Mrs. Leroy's boudoir was a charming room—oval in shape—restful in tone—always gay with flowers. The windows faced west, and the pale setting sun was smiling in as Andrea slipped within the curtains.

"Good-night, lovely light," she murmured, kissing her finger-tips to it.

Wistfully she watched the fading of the light. She thought of the poor friends she had picked up in the streets, some of whom lived for a lifetime in darkness. Away to the right she could hear the murmur of the traffic in Piccadilly, the faint skimming of the hansoms, guided by the finest drivers in the world, the roar of the lumbering 'busses, tooled along by men most cheery, on whom she delighted to whet her wit.

Against the grimy wall, which enshrined the ducal House of Devonshire would be leaning a shattered man, his tragic face, with its sightless eyes, upturned in broken-hearted appeal. She was quite sure of the heart-break; did he not forget to beg? At the other corner of the wall a scorbatic hob-goblin of a man—also cut off from light—ran to and fro, thrusting to notice a dirty tin pannikin, and demanding pence at the peril of your soul! A repulsive, little rogue—yet, for that, the more pitiable.

To the left the Mall was already fluttering to life, through a veil of tender green. Here, too,



the girl could count friends in the apple-faced old ladies, who traded in booths—ladies who wore corded cotton sun-bennets, short skirts, and pointed shawls, as if attired for hay-making every day! Lollipops were their stock-in-trade. Imagine the power of a penny, for which one could procure four cocks on sticks, teeny pink and white mice, with curly string tails, and delectable black-jack, which clenched the teeth like glue! Here largess was distributed to sundry ragamuffins, who, in return, provided a safe conduct through purlicues beyond which even the majesty of the law hesitated to penetrate.

Andrea also loved the shadow-people, and they exchanged charming courtesies, when, in the dusk, she met kings in fine flowing wigs, and beauteous painted ladies of fashion, bare-necked and notorious, taking the air in these sylvan shades; brilliant shadows, peacocking to and fro, with merry jest at Victorian poke bonnets, Indian shawls, white cotton stockings, and elastic side boots!

\* \* \* \* \*

She sighed as she stepped before the narrow mirror hanging between the windows and opposite the door. She raised her hands to smooth her wavy hair—and thus, looking at her reflection, saw Lord Rivière—or was it a shadow?—standing in the doorway behind her.

He did not advance or speak.

There was no need of speech, for all of worship with which soul could entrance soul was conveyed to her from his beeching eyes.

*When she turned he was no longer there.*

"Rivière," she whispered, but there was no reply.

A clock chimed the hour of five.

Swiftly she passed into the corridor and to the oval staircase, as she clutched the balustrade, she swayed a little, and a rose tucked into her bodice snapped off and fell softly at the feet of a man passing through the hall beneath.

He looked up—gathered the flower, and as she fled back to the boudoir his steps were on the stairway—in he strode unannounced.

There was nothing intangible about this virile being.

Andrea was instantly her spirited self.

"Please give me my rose," she demanded. "You see," pointing to her breast, "it snapped off."

"No matter," he answered joyously, "I have found you."

"Do not say anything, Lord Rivière, that we may both regret," said Andrea with dignity.

"Does it hurt your dignity that I love you?" the man flashed at her.

"How could that be?" she queried gravely. "Love is greatest glory—but love through dishonour I will never take."

"Will you listen?" he pleaded, taking her hands.

"Not to another woman's lover," the girl said gently.

"I have been no other woman's lover," he assured her.

"But little Rosabelle —"

"Rosabelle would have the soul of me, how can that be when you have it in your keeping? Do you not remember? Did I not call you out of the shadow—and so far as the mill did we not walk together in the light? Was not that our enchanted hour—you and I alone, beloved, at the top of the world? Did I not say at parting 'We shall meet again'? Because so-called death came roughly and crushed my body—what has that to do with the eternal worship of my soul? Ah! Soul's essence—it must be love or annihilation for you and me."

"Be sure," said Andrea looking in his face, "no other shall share the soul of my lover with me. But honour there must be—and justice. Therefore you will go now. If we can ret in these things, then love is ours—if not, some grace as sweet."

ETHEL G. FENWICK

(To be continued.)

—♦—

#### COMING EVENTS.

*February 28th.*—Conference of Representatives of Queen Victoria's Jubilee Institute and of the Affiliated Associations, Council Chamber, Denison House, 296, Vauxhall Bridge Road, Westminster, S.W. 11.30 a.m.

*February 29th.*—Society for State Registration of Nurses. Meeting Executive Committee, 431, Oxford Street. 4.30 p.m.

*February 29th.*—Association for Promoting the Training and Supply of Midwives. Eighth Annual Meeting. Caxton Hall, S.W. Chairman, H. Cosmo O. Bonsor, Esq., 3.30 p.m.

*March 1st.*—22nd Annual General Meeting, Hammersmith and Fulham District Nursing Association, Carnforth Lodge, Hammersmith. 5 p.m.

*March 4th.*—Meeting of the Scottish Nurses Association. Miss Paterson, one of His Majesty's Commissioners, will address the meeting, and the position of Nurses under the Insurance Act will be explained. Christian Institute, Bothwell Street, Glasgow. 4.30 p.m.

*March 4th.*—Irish Nurses' Association. Lecture: "Some Diseases of the Respiratory Tract," by Dr. Parsons 34, St. Stephen's Green, Dublin. 7.30 p.m.

*March 6th.*—The Royal Infirmary, Edinburgh. Lecture: "Clinical Symptomatology in Nursing" by Dr. Matthew. Extra Mural Medical Theatre, 4.30 p.m. Trained Nurses cordially invited.

*March 6th.*—The Midwives' Institute, Postgraduate Lecture 5: Septic Infections, 6.30 p.m. Fee, 1s. to members, 1s. 6d. to non-members.

*March 8th and 9th.*—Provincial Meeting at Manchester of Royal Sanitary Institute. Friday, 7.30 p.m. Saturday, 1.45 p.m.

*March 9th.*—Central London Sick Asylum Nurses' League. "At Home." Cleveland Street Asylum. 4-8 p.m.

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

## A LURID MELODRAMA.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I do not hesitate to call the "Life in a Cottage Hospital"—which is not a Cottage Hospital, by the way—a disgusting and degrading book, made up of those exaggerations and the tendency to class abnormal and unusual bestialities (I can think of no other word) as things of daily and hourly occurrence. Mistakes, follies, even crimes occur now and again in hospitals amongst medical men and nurses, as in other walks of life. Grossness is not always purged from every one who enters the healing profession either as doctor or nurse; there are hospitals that might well be better managed than they are. Youth and high spirits are not always as well controlled as they might be; thoughtlessness and selfishness do not slip from one like a snake's skin because one enters a hospital. But to write a lurid melodrama of the type of the scrawl in question and to say in a hollow voice at the end, *Reader, there is many a Rebley Hospital in England to-day!* is to make a slanderous, untrue and libellous statement.

Nothing is more wrong than the false perspective given by the habit of fishing one scandal from here, another from there—scandals which will occur from time to time until, please God, our wings grow—to piece them together with ghoulish delight, and call the result a truthful narrative. For one hospital where a scandal occurs, there are thousands where honourable men and women are working hard according to the light that is in them to do their duty cleanly and honestly towards the sick confided to their charge.

Mistakes will occur, we are human; overwork and understaffing may cause weariness and slackness; but wilful unkindness is most rare—and brutality practically unknown. The semi-monastic regulations rendered necessary by the peculiar nature of hospital work and the relations, when on duty, between the men and women workers, are not always understood, and are therefore sometimes resented by the younger members of a hospital staff; and the headstrong modern young men or young women, totally unaccustomed to discipline at home, occasionally break out in foolish acts of defiance, of which they are the last to appreciate the professional harm. I have worked in hospitals and allied institutions for twenty-nine years—often in hospitals that required reforming and modernising or reorganising—but have never been faced by a condition of

things even remotely approaching the scenes described in "Life in a Cottage Hospital."

Like Dickens' Fat Boy, the writer of this precious book evidently wants to make the public's flesh creep.

Yours faithfully,

M. MOLLETT.

## A PROFESSIONAL SPRING CLEAN.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—All nurses who honour their profession should write to thank, and not condemn you for the review of "In a Cottage Hospital." The review reminded me of a few incidents which had come under the notice of a friend of mine during her duties as a Poor Law Guardian, and which she related to me, therefore I can quite believe such things are possible.

It is surely high time that we nurses above all people should realise that in public and professional life it is just as essential to expose to the light of public opinion unsavoury practices, and unwholesome corners, as to seek the aid of the Sanitary Inspectors to search out hidden dangers in the drains.

Had there been more wholesome publicity and less hushing up there would be less "Black Plague" and fewer innocent sufferers.

There has been far too much hushing-up and covering over of things unpleasant, and it is high time for a professional "Spring Clean." This can only be effectively carried out by the registration of trained nurses by the State and the formation of a General Nursing Council who would have disciplinary powers. All those who have the welfare of their profession at heart will work wholeheartedly to obtain it instead of trying to hide the evil results of the present chaotic condition of nursing affairs.

With many thanks to you for your fearless attitude in regard to these unpleasant things,

Believe me, dear Madam,

Yours faithfully,

"ANOTHER SUBSCRIBER."

Hôtel Bon Accueil,

Montreux, Switzerland.

[This correspondence will now cease.—ED.]

## NEED FOR SELF-GOVERNMENT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I feel sure you will give me this opportunity of a few words of reply to your correspondent "Wroth" in the issue of the 17th ult. "Wroth" advises us to fight tooth-and-nail against the National Insurance Act, even though it has passed through the House! Well, the Bill has passed; and it will stand!

Amendments will be possible, of course, as future developments point the need, the time, and the place.

We as nurses may benefit less (through this Insurance Bill) than any other class of women,

although the properly-trained nurse is a valuable national asset. It is the *defectives*, who, by favouritism, are allowed to parade their own sweet way, without proper certificates at all, to serve some purpose of monetary gain, or other advantage to whoever employs or covers such. These are our real enemies! But for *these*, we should have had a *legal status* years ago, and I am grieved to know there are hundreds such engaged all over the world; to the shame of our system here in England. (*Registration must come soon.*) Miss Mollett advised us wisely. Experience has been valuable to her. She evidently sees—when there is anything worth looking at.

She sees the meaning of the fact that the National Insurance Bill has become law; and it is high time the *real nurses* acted in a business-like manner themselves, to meet and utilise the benefits it is capable of making.

In conclusion, (and this really is very important), will "Wroth" do her fellows the favour of giving particulars of those societies who for 2s. 6d. or 5s. annual subscriptions give sick benefits, compensation for disablement, help towards holidays, and, lastly, in case of marriage, some allowance for trousseau? This truly sounds businesslike. Is it a fact? I am afraid not.

E. S. W.

#### THEN AND NOW.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I am not a member of the nursing profession, but as a woman keenly alive to all that concerns her sex I always enjoy reading THE BRITISH JOURNAL OF NURSING on account of the high standard it aims at.

In your article of February 3rd on "The Nursing Spirit," you compare present-day nurses with those trained twenty-five years ago. May I give you my own experience in support of what you say?

It was my misfortune during last year to have a long and trying illness. For several weeks I had no nurse. Then one came, "a modern up-to-date surgical nurse"; her advent meant discomfort to the patient and the whole household. Her sole idea seemed to get out (this she did for as much as five hours a day!), her one subject of conversation "men," and how she loved nursing them, and as to her actual nursing, why all her patients do not die of blood-poisoning is a marvel to me! When it was decided that I must have hysterectomy done I soon saw that I must have different treatment, so I decided to go to a Home in town where my surgeon could attend me after. For the first week I had a "special" night nurse, one trained twenty-five years ago at Guy's, and the contrast! Her work and her patient were her one interest; duty to her meant everything that was for her patient's well-being. For her patience and goodness no words of mine can express my gratitude—indeed, I feel I owe my very life to her devotion.

In these days of improved methods and longer training, are the results as good as "twenty-

five years ago"? Are they merely mechanical women instead of those with "healing hands and tender hearts," as the pioneers of the nursing profession had?

Forgive my lengthy letter, and with all good wishes for THE BRITISH JOURNAL OF NURSING,

Believe me, Madam,

Yours faithfully,

"LAYWOMAN."

#### IMPERIAL PEI-YANG WOMAN'S MEDICAL SCHOOL AND HOSPITAL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I was interested in seeing the photograph of some of my nurses and myself and in reading the note about us in your paper of December 23rd, 1911. I thought I had better write and let you know that it was at Guy's Hospital I trained, and not St. Thomas's. When the little snapshot was taken I did not think it would ever appear in any of the papers, as I am afraid it is a very poor picture.

Yours truly,

E. CHUNG MOWFUNG.

Tientsin.

#### REPLIES TO CORRESPONDENTS.

Miss Evans, Manchester.—We do not advise you to begin your three years training before you are twenty-one, even though, as you say, you have been offered a vacancy. Probationers who begin training before this age often break down. Their constitutions do not seem to be sufficiently settled to stand the strain of hospital life, besides which, nursing is such an absorbing occupation that it is wise to have some experience of life first.

#### OUR PRIZE COMPETITIONS FOR MARCH

March 9th.—What qualities do you consider specially important in a nurse who has charge of sick children, and why?

March 16th.—Describe what personal precautions you would take before passing on to another case after attending a case of infectious disease as a private nurse.

March 23rd.—How would you care for the dead, in a hospital, from the hour of death until the corpse is removed from the mortuary?

March 30th.—What special points would you observe in nursing a case of tuberculosis in a poor home?

#### NOTICE.

The large amount of correspondence sent to this Journal is one of its most helpful features, which the Editor greatly appreciates, but to avoid delay in publication, she will be obliged if kind correspondents will, when possible, not exceed 300 words, as space is limited.



# The Midwife.

## CENTRAL MIDWIVES' BOARD.

A meeting of the Central Midwives' Board was held at the Board Room, Caxton House, Westminster, on Thursday, February 22nd, Sir Francis Champneys presiding.

### CORRESPONDENCE.

The correspondence included a letter from the Clerk of the Council notifying that the Lord President had been pleased to appoint the Lady Mabelle Egerton to be a member of the Board for a further period of three years, from January 29th, and from the respective authorities notifying the re-election of Sir Francis Champneys, Mr. Golding-Bird, Mrs. Latter and Dr. Herman as members of the Board for the year ensuing April 1st next.

A letter was read from the Clerk of the Council transmitting a copy of a letter from the National Health Insurance Commission (England) on the subject of draft regulations affecting maternity benefits under the Insurance Act, 1911. (It will be remembered that in accordance with a resolution proposed by Sir George Fordham at the last meeting the Board asked that they might have an opportunity of seeing these regulations.) The letter of the Commission stated that the regulations would be submitted in draft to an Advisory Board, which would include a representative of the Midwives. They should, however, be sent to the Central Midwives Board.

### REPORT OF PENAL CASES COMMITTEE.

The reports made, at the request of the Board, on three midwives, by their respective Local Authorities, were considered. Two of these being unfavourable, it was decided to cite the midwives concerned to appear before the Board.

A letter was considered from the London County Council forwarding a report by the Medical Officer of Health on a complaint as to alleged negligence on the part of a certified midwife made by one of the Board's recognised teachers. The matter was referred to the Local Supervising Authority for report.

Letters from the Medical Officer of Health for Newport, Mon., were received alleging breaches of the rules on the part of the Matron and midwives of the Newport and Monmouthshire Training Centre for Midwives. The same course was adopted as in the last case.

A letter was received from Dr. D. J. Morgan, County Medical Officer for Glamorgan, enquiring whether in the opinion of the Board the action of a midwife in making and selling pills for various maladies and conditions amounted to a *prima facie* case of misconduct within the meaning of Section 8 (2) of the Midwives Act 1902. It was agreed to inform Dr. Morgan that the Board is unable to

give an opinion on facts which are not fully before it, and that the matter can be tested in the event of the Local Supervising Authority finding a *prima facie* case to exist and requesting the Board to deal with it as such.

The Committee having considered the case of a certified midwife in the Maternity Department at Guy's Hospital recommended that Counsel be asked to advise the Board on the legal position of certain questions raised. The Chairman reported that this had been done, and Counsel's opinion was that no charge could be sustained. It was decided to communicate this opinion to the London County Council and to the Sister concerned.

It will be remembered that at a recent inquest the Coroner expressed the opinion that the attendance as a midwife at a confinement of a woman not certified under the Midwives Act was contrary to its provisions. The person concerned was a pupil in training at Guy's Hospital.

It was decided to cite 28 midwives to appear before the Board, and it was arranged that special meetings of the Board should be held on Wednesday, March 27th, and Thursday, March 28th, to deal with all the penal cases then ready for hearing.

### REPORT OF THE STANDING COMMITTEE.

A letter was received from a certified midwife inquiring as to the antiseptics to be used for cleansing the infant's eyelids as prescribed in Rule E 2 (b). The Board decided to reply that it has designedly refrained from prescribing the use of specific antiseptics.

A letter was considered from Miss Dixon, late Superintendent of the Norfolk County Nursing Federation, with regard to the publication in a nursing journal of the names of two midwives removed from the Roll at the Penal Meeting of the 26th ult. with their respective counties, after a request from the Chairman that these particulars might not be given. The Board decided to inform Miss Dixon that it regretted the incident.

The applications of 24 midwives for removal from the Roll were granted.

The applications of Dr. William Brander, Dr. J. H. P. Fraser, and Dr. M. B. James for recognition as teachers were granted, and the following medical men were approved for the purpose only of signing Forms III. and IV.: Mr. G. T. D. Elder, M.R.C.S., Mr. O. B. Gauntlett, M.R.C.S., Mr. J. P. Grieves, M.R.C.S., Dr. J. S. Lyttle, Dr. J. B. McCutcheon, Mr. C. Sheahan, L.R.C.P.I., and Dr. Joseph Walker.

The application of certified midwife Annie Unwin (No. 10,018) for approval to sign Forms III. and IV. was also granted.

### MEETINGS OF THE BOARD.

The Chairman moved, and it was resolved, "that the next meeting of the Standing Com-

mittee be held on the same day as the next meeting of the Board and immediately previous to the Finance Committee."

Mr. Parker Young said he was afraid this arrangement would not answer but they could but try it.

The date of the next meeting was fixed for March 18th.

#### FINANCIAL STATEMENT.

The Secretary reported that there was a deficiency of £2,275 6s. 11d. on the past year, and that the Board had practically £240 in hand, which was not nearly enough for its requirements. He was authorised to obtain an overdraft at the bank if necessary.

#### A RARE OCCURRENCE.

An imperforate rectum in the new-born baby is of sufficiently rare occurrence to make the following account of interest to nurses and midwives.

The baby was a male, the fifth child, and born at full time. It was apparently quite healthy: colour good, heart and lungs normal. Weight, 7 lbs. The first day baby was put to the breast at the regulation times. He sucked well, but vomited each time after his feed.

No meconium was passed. There was no distention of the abdomen, and the baby was not distressed in any way.

The second day no meconium had been passed, the abdomen was markedly distended and the child vomited frequently, the vomit being green in colour.

The anus was normal, but on the finger being passed into the rectum an obstruction was met with about an inch within the anal opening.

Laparotomy was performed, but it was found impossible to unite the lower ends of the intestine and a colotomy was done. The result, however, was unfavourable and the baby died.

D. O. I.

#### CONFERENCE ON BABIES.

The Women's Labour League are convening a conference, to be held this month at Essex Hall, Strand, to discuss the care of babies and young children. Papers on the following subjects will be presented:—"Nature versus Education," by Miss Margaret Macmillan; "Provision for Maternity," by Miss Llewellyn Davies; "Training for Parenthood," by Mrs. Despard; and "The Work of the Baby Clinic, the Memorial of the Women's Labour League to Margaret Macdonald and Mary Middleton," by Dr. Ethel Bentham. Amongst those who will take part in the discussions are Mrs. George Cadbury, Mrs. Creighton, Sir Victor Horsley, F.R.C.S., F.R.S., and Mr. J. Ramsay Macdonald, M.P. The chair will be taken by the Hon. Lily Montague and Miss Marion Phillips, D.Sc. (Econ.)

## THE CITY OF LONDON LYING-IN HOSPITAL.

The City of London Lying-in Hospital is one of the oldest of the City Charities, having carried on its good work for over 160 years. At the Annual Court of Governors, held last week, Mr. J. Francis, J.P., Chairman of the Committee of Management, who presided, said that, except from the point of view of finance, the report was satisfactory, the number of patients exceeding that of the previous year by 145. In the out-patients' department the number was not so large, but the total number of children born in both departments was no less than 3,571. Twenty-four male medical practitioners and students were attending midwifery practice in the hospital, twelve more than in the previous year. He drew attention to the fact that the majority of people regarded hospitals merely from the point of view of the patients, overlooking the great and most important fact that they were also schools of medicine, where doctors and nurses could gain that experience which was absolutely necessary in the interests of the nation at large. In reference to the effect of the National Insurance Act on charitable institutions, he hoped that, if contributors were likely to reduce their contributions, they would take a broad view, and try to realize that in helping hospitals they were conferring a benefit not merely upon individuals in their own immediate district, but also throughout the kingdom. Their deficiency amounted last year to £428, and they had to pay no less than £546 in interest on the loan from the bankers; therefore, if they could raise sufficient to balance their loan account they would be in smooth water.

The Chairman stated that the Lord Mayor, as a member of the medical profession, had taken a great interest in the hospital, and as President of the hospital, during his year of office, was taking a large share in promoting the success of their Festival Dinner, over which he would preside, on April 22nd, at the Savoy Hotel.

Hearty thanks were due to the medical staff and to the matron, who never spared herself, and who, with other friends, had raised funds for the completion of the chapel. He regretted to say that it was probably the last annual meeting which Mr. Outhwaite would attend as their secretary. After forty years' service he felt justly entitled to a rest.

## LEICESTER MATERNITY HOSPITAL.

The annual report of the Leicester Maternity Hospital states that thirteen pupils were trained during the year for the examination of the Central Midwives' Board, of these only one failed to pass.

The appointment of a District Midwife has been amply justified.

In the spring, the Assistant Matron, Miss Rattray, resigned, having filled the post capably for a year. Miss Davies, from Queen Charlotte's Hospital (London), was appointed in her place.

# THE BRITISH JOURNAL OF NURSING

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EDITED BY MRS BEDFORD FENWICK

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Vol. XLVIII

## EDITORIAL.

### NURSES AND NATIONAL INSURANCE.

With very few exceptions trained nurses are bitterly opposed to the compulsory contribution under the National Insurance Act, as will be found by discussing the matter with them. But until pressure can be brought on Parliament to amend the Act, arrangements must be made to make the best of it.

The profession in this connection owes a debt of gratitude to Miss Mollett and the Matrons who, during the passage of the Act through Parliament, did all in their power to improve the conditions for nurses under its provisions.

Failing the slightest help upon the part of either medical or women's unions, or interest in the needs of trained nurses under the Act, the only result of legislation is that, with other workers, nurses must pay up when it comes into force next July, although as "trained" nurses their work is ignored entirely in this National Health Act.

The Royal National Pension Fund—which did absolutely nothing to try to get the position of nurses amended under the Act, and is reported to have used its influence to get the Bill so amended as to make it possible for outsiders to manage their affairs—is quite ready to manage their State subsidies for them—work which it would have been much better it should encourage the profession to do for itself. But this is just what men are determined working women shall not do—manage their own finances.

At first the Pension Fund Scheme was to include men, and the nurses were told (the majority believe far too much what they are told) that in a conjoint society of men and women the women would be more detrimental to the men's interest than the men to the women's. This statement of course was not true, and when contested

by the Nurses' Protection Committee, the Pension Fund officials hastily altered their arguments, and urgently assured the profession that no men would be admitted to participation in their scheme. So far so good—but now we learn that ward-maids are to be included in the Nurses' National Insurance Society. Why? Trained nurses, as we have pointed out to them before, want to escape contributing to the maternity benefit—which few will require as, if they marry at all, they marry into a class whose income is usually above £2 a week; whereas the majority of ward-maids, if they marry, need the maternity benefit.

As these are points on which the official organ of the Pension Fund has maintained a studious silence, we hope the Matrons who have accepted seats on the "Advisory Committee" (why not Executive Committee) will save the nurses they advise to insure, from this and similar pitfalls.

We note that the lay nursing press objects to the appeal of professional nurses in the press for funds to meet the financial strain resulting from an Act, which disfranchised women are compelled to support without being consulted.

For our part we think nurses are being penalized enough, without paying for the organization of legislation they thoroughly dislike; and it would be interesting to know who is paying for the circularizing of thousands of nurses, and institutions, from the Pension Fund Office, and the *stamped* post cards sent out for reply with the appeal.

Is this being paid for out of the nurses' premiums—or from the profits made out of them—or by public subscription? Any way, if the lay nursing press could inform the profession of how this enormous output of literature from the National Pension Fund Offices is being financed, it would be giving more useful information than it usually provides.



## MEDICAL MATTERS.

## SOKODU (RAT FEVER).

Dr. Frugoni, as quoted in the *British Medical Journal* from a foreign exchange, records an interesting case of infection due to the bite of a rat. The condition is said to be common in China and Japan, and the disease is known under the name of "sokodu" in Japan. It appears to be a specific infection, and may be caused not only by a rat bite, but by the bite of animals who have fed on infected rats. Agada has found a parasite of a protozoal type in the blood. But in the author's case and in three cases recently reported by Horder no parasite was found. The author's case was that of a man, aged 54, of good health, who was bitten badly in the right thumb in May, 1908, by a rat, whose teeth remained in the wound 24 hours before they were extracted. The patient washed the wound with vinegar and wine, and three days later it appeared to be healed. Fifteen days after the bite, when in perfect health, the man was seized with shivering, fever, &c., and rapid swelling of the thumb, going on to ulceration in the site of the bite; the thumb swelled up to the size of the wrist. Meanwhile the epitrochlear and axillary glands became enlarged and tender. This lasted five or six days, when there appeared intense erythematous swelling in the right pectoral region, and a little later similar cutaneous swellings about the waist and thighs, more marked on the right side. This sort of thing went on for about a month, and then cleared up. No supuration occurred. The patient kept well up to May, 1909, when a similar attack of cutaneous erythema and fever (but without any manifestations in the throat) occurred, and again in September, 1909, and May, 1910. In November, 1910, the patient had an alarming retro-bulbar swelling of the right eye, with extensive exophthalmos (no alterations in the disc or in the vision), associated with the old erythematous manifestations elsewhere. This time he was given atoxyl injections. He left the hospital cured, and has only had some very slight attacks of erythema since. As has been previously noted, no parasite was found in the blood. The chief and constant feature was a marked eosinophilia (8 to 11 per cent.). No helminthiasis was present, no malaria, and the Wassermann test was negative.

## LEPROSY NOTIFICATION.

The St. Pancras Borough Council propose to suggest to the Local Government Board that leprosy should be made a notifiable disease.

## OUR PRIZE COMPETITION.

WHAT QUALITIES DO YOU CONSIDER SPECIALLY IMPORTANT IN A NURSE WHO HAS CHARGE OF SICK CHILDREN, AND WHY?

We have pleasure in awarding the prize this week to Miss Jessie M. Stevens, a member of the Private Nursing Staff of the Royal Infirmary, Bristol.

## PRIZE PAPER.

The special qualities which go to make up a good children's nurse may be classed under two heads:—

(1) Those which are the outcome of her professional training.

(2) Those evolved from her own inner life, the products of temperament and personality.

Most prominent of her professional qualities should be a keen, highly trained *power of observation*. This is especially necessary when nursing babies, who have no language but a cry in which to voice their needs and troubles.

A good nurse will know at once if one of her babies is thirsty, hungry, in pain, or merely uncomfortable. Babies need close and ceaseless watching. Apparently trivial symptoms develop such alarming results, and the spark of life in a sick baby is often so feeble that it flutters out before the unwary person has realized that anything unusual is amiss.

*Cleanliness, quickness, resourcefulness*—of these the children's nurse needs a "double portion."

The first is essential for obvious reasons.

*Quickness* because, in a children's ward more than any other, is it true that the work is never done.

*Resourcefulness* in devising simple means of keeping children amused, happy and comfortable.

A deft, gentle touch, though in a measure the birthright of its fortunate possessor, may also be acquired by training and practice.

Of a nurse's personal characteristics the two most necessary are:—

(1) *Conscientious thoroughness* in every detail of her work. There is no smallest part of children's nursing which is unimportant; all is vital and essential.

One is especially on one's honour when working amongst babies. They cannot complain or report any neglect; they are absolutely at the mercy of their nurse, honourable or otherwise.

(2) *Loving sympathy* with childhood in general, not merely baby worship of one particularly fascinating little mortal.

This will eliminate all anger, impatience, or

harshness, even with the most tiresome children.

The tiniest baby can feel and respond to the gentle, sympathetic touch which only the true child-lover possesses, and which gives a feeling of confidence and safety, in itself conducive to healing.

*Firmness* in touch and manner are also necessary so that the nurse's authority and capacity are beyond all question. A hesitating touch or manner is worse than useless, when dealing with children.

"The gentle heart, which brings  
Its best, its strongest, to the weakest things,—  
The finest tenderness,  
Which never burdens where it cannot bless,—  
The divinest power to feel,  
Which never hurts the nerve it cannot heal."

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Emily Marshall, Miss L. Robertson, and Miss E. Windle Hunter (London), Miss E. M. Dickson (Twickenham), Miss Madge Sutton (Birkdale).

Miss Emily Marshall writes that nurses who have charge of children should be naturally fond of them as well as observant, conscientious, patient, gentle, kind as well as firm, versatile, careful to keep promises, and with a keen sense of justice. In fact, it is necessary for nurses who hold such responsible positions to be thoroughly good, capable women. Why? The maternal gift must be present in nursing children, many of whom are so tiny and helpless.

Miss Dickson enumerates as specially important a well-developed power of observation. A child is not able to describe symptoms, and often gives very misleading answers to questions; therefore the nurse must be alert. Posture, breathing, sleep, involuntary sounds, &c., must all be carefully noted by themselves and in relation to each other, time, and circumstances.

Miss L. Robertson mentions that the children's nurse needs a fund of humour which will carry her over many difficult places.

Miss Madge Sutton thinks that special training beyond the usual hospital course is necessary, and a great regard for truth and care in detail. The sick child is absolutely in the power of the nurse, and the medical attendant has to rely entirely on her reports. Her foresight in an emergency and level-headedness will soon be brought into play in dealing with infants more especially. Many a life is saved by a timely poultice and the careful attention to the diet and the evacuations.

#### QUESTION FOR NEXT WEEK.

Describe what personal precautions you would take, before passing on to another case, after attending a case of infectious disease as a private nurse.

### THE LEAGUE OF SCHOOL NURSES.

Dr. Shrubsall gave a lecture to the school nurses on February 28th on "Temperaments of Children." The lecturer divided the temperaments of children into three categories, viz., the unemotional, the unrestrained emotional, and the restrained emotional.

He summed up the unemotional child as uninteresting: little trouble as an infant, perfectly placid, sleeps all night, eats everything, never brilliant at school, generally liked because very little trouble.

The unrestrained emotional was, on the other hand, extremely interesting. The fits of passion, or so-called "brain-storms," sometimes verged on epilepsy. This temperament runs in families—such a child not entirely responsible, often good at something, sometimes a genius.

The more important temperament to deal with was the restrained emotional. A child of this temperament was often considered sulky when probably it was only intensely shy. Such a child is very conscientious, and can be overworked. Symptoms of restlessness, making grimaces, sleep-walking, talking in sleep should be noted and steps taken to find the cause. One should not neglect the parents' statement of any of these symptoms. One had to eliminate all possibilities of affection of the eyes, teeth, &c., being the cause, and it was important to know all about the home conditions.

The cinematograph was a new factor to deal with. It was found that 90 per cent of children go to see "the pictures" once a week.

This involved a lot of eye-strain, and the topics were exciting.

Dr. Shrubsall spoke of how much one would expect a child to know at a certain age. He said it was difficult; there was such a wide range of possibility.

It was important to remember in dealing with children in elementary schools that in a great number of their homes there was no refining influence. The children often were not talked to except to be told to get out of the way, and one could not expect the same intelligence as from children with a good home in-

fluence; their intelligence was of a different kind.

Dr. Shrubsall then explained Professor Binney's tests for intelligence for children from three to twelve years of age. At the finish Dr. Shrubsall submitted one of the tests to the nurses—two articles, one considerably larger than the other, and asked them which was the heavier. Only one nurse judged correctly, viz., that the articles were of equal weight. Much amusement was caused when Dr. Shrubsall said it had been judged correctly by an imbecile, a chairman of the L.C.C. and a Cabinet Minister.

R. B. D.

### HOW SLEEPING SICKNESS IS CONVEYED TO MAN.

Dr. Sandwich gave his second lecture on Sleeping Sickness on Wednesday, Feb. 14; the subject being "How Sleeping Sickness is conveyed to Man." He said that ten years ago trypanosome fever in natives was considered a mild disease. None were very ill, and its relation to sleeping sickness was not suspected. All diseases are much alike to the native mind, they are all believed to be due to evil spirits, and it is only when hard pressed that natives apply to the white man. It subsequently became known that trypanosomes, which are always present in the blood in cases of sleeping sickness in the first stages, did not always affect health; but when they passed from the blood into the cerebro-spinal fluid, the symptoms always become serious.

An early symptom of the disease is enlarged glands of the neck, and in 1904 an easy and sure method of diagnosis was discovered. By puncturing these glands with a needle, trypanosomes in large numbers were always to be found.

The onset of the disease is insidious. Trypanosomes may be present for a year in the blood before entering the cerebro-spinal fluid. The parasite enters the blood by the lymphatic system. Sometimes the incubation is short.

In negroes little or no discomfort is felt in the first stage beyond swelling of the cervical glands, which can be felt by the fingers. White people are more affected. Intermittent fever, local swelling, eruption, headache and anæmia may be present. Some cases end fatally in a comparatively short period; some may last several years, with even occasional good health.

In the second stage, when the trypanosomes enter the cerebro-spinal fluid, the patient is doomed, though death may be postponed.

The native becomes morose and apathetic. He sleeps, and at this stage eats abnormally. Often he is only lethargic, with tremors and uncertain, staggering gait. He may fall asleep in any attitude or while eating, and he can only be roused for a minute. The skin loses its lustre, tremors become great, bedsores form, and he gradually sinks into an unconscious condition from which he cannot be roused. In individuals these symptoms differ, and cases have been examined where drowsiness is absent.

Nine Europeans, all from the Congo, who were under observation in Paris, were ill from one to three years. They all showed advanced disease of the nervous system in some form. Paralysis, epilepsy, incomplete loss of memory, loss of speech, laughed and cried without reason. One, a missionary, could not repeat the Lord's Prayer.

Hyperæsthesia is also a symptom. A knock causes more or less sharp pain, which extorts a cry. The patient comes to avoid sharp corners. The pain does not immediately follow the knock, but occurs about five minutes after. This symptom is peculiar to trypanosomes.

The majority of cases where sleepiness is recorded are fatal. The treatment is to alleviate suffering. There is at present no evidence that people can be rendered immune. Happily this disease is no longer incurable if the treatment is begun early. A combination of drugs is often successful where one fails.

Combined arsenic and antimony are effective. This disease never spreads away from the water districts where alone the tsetse fly is to be found. Isolated cases away from the area of the fly never infect others. Research has solved the mystery. Trypanosomes can only be conveyed by intermediary carriers. Where there are no tsetse to act as carriers, there is no infection.

"No tsetse, no sleeping sickness."

### THE QUEEN TO VISIT MIDDLESEX HOSPITAL.

The Queen will inspect on March 27th the Barnato Joel Charity and Cancer Research Institution in connection with the Middlesex Hospital. It is understood that it is Her Majesty's desire that the visit should be regarded as being of an informal character.



## THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

A meeting of the Executive Committee was held at the offices, 431, Oxford Street, London, W., on Thursday, February 29th, the President, Mrs. Bedford Fenwick, in the Chair.

### THE PRESIDENT'S REPORT.

The minutes having been read and confirmed, the President reported that the Right Hon. R. C. Munro-Ferguson would introduce the Nurses' Registration Bill at an early date, and that it had been influentially backed by members of all parties in the House.

### REGISTRATION IN QUEENSLAND.

At the end of 1911 the trained nurses of Queensland gained their legal status, Queensland being the pioneer State in the Commonwealth of Australia to obtain this reform, which was granted to them under the Health Amendment Act. Most of the conditions asked for by the Australasian Trained Nurses' Association had been granted to them, which once more demonstrated the value of an expert body holding a watching brief for any class of workers concerning which legislation was being enacted.

### THE NATIONAL HEALTH INSURANCE JOINT COMMITTEE.

A letter had been received from the National Health Insurance Joint Committee inviting nomination of suitable persons willing to serve, on a list from which the Joint Committee would ultimately make their selection for appointment on the Advisory Committee, and asking for a reply at the earliest possible date. Pending the meeting of the Executive Committee, the Hon. Secretary had forwarded the name of the President as the most suitable person.

### DEATH OF MRS. KILDARE TREACY.

The great loss to the Registration cause resulting from the death of Mrs. Kildare Treacy, of Dublin, a Vice-President, was deplored. The Society had sent a wreath to the funeral through the Hon. Secretary of the Irish Nurses' Association, with an expression of sorrow, from those nurses associated with Mrs. Treacy in her loyal work for the profession as a whole.

Miss Sidney Browne resigned her position on the Executive Committee on the ground that she could not do all the work she had to do, and therefore thought it best to leave it to younger people to undertake.

The report was adopted.

Business arising out of the Report was as follows :—Mrs. Bedford Fenwick's nomination as a suitable representative on the Advisory Committee to be formed by the National Health Insurance Joint Committee was confirmed.

The resignation of Miss Sidney Browne as a member of the Executive Committee caused a vacancy for a representative of the Committee on the Central Committee for the State Registration of Nurses. To fill the vacancy it was agreed that Miss B. Cutler should be nominated. Miss Cutler accepted nomination and was unanimously elected.

### CORRESPONDENCE.

A letter from the Advisory Committee for Women, on the Insurance Act, formed by the National Union of Women Workers, was considered, inviting the Society to appoint a corresponding member. It was decided that it would be best for all business to be conducted through the official Hon. Secretary, Miss Margaret Breay.

### THE POSITION OF THE BILL.

It was agreed to take active measures in connection with the position of the Nurses' Registration Bill in Parliament, Mr. Munro-Ferguson and Mr. Ramsay Macdonald having expressed their willingness to consult upon the best method of furthering its progress. The President urged each member of the Committee to take an active personal part in interesting members of Parliament in the Bill, and to push it forward in every way.

### ARRANGEMENTS FOR ANNUAL MEETING.

Arrangements for speakers to be invited to address the Annual Meeting in May were considered, the date of the meeting to depend upon the convenience of selected speakers.

It was agreed to invite eight ladies and gentlemen interested in State Registration to become Vice-Presidents of the Society.

### NEW MEMBERS.

The following new members were elected :—

No.	Name.	Where Trained.
3076.	Miss E. J. Marshall, cert.	Suffolk County Hosp.
3077.	Miss E. K. Stein, cert.	Dunfermline and West Fife Hosp.
3078.	Miss J. D. Murray, cert.	Warneford Hosp., Leamington.
3079.	Miss E. C. Blakiston, cert.	Addenbrooke's Hosp., Cambridge.
3080.	Miss A. Gouldburn, cert.	Stepping Hill Hosp., Cheshire.
3081.	Miss F. L. Davies, cert.	Warneford Hosp., Leamington.
3082.	Miss E. M. Fraser, cert.	St. Mary's Hosp., W.

3083. Miss M. Brockie, cert. St. Giles' Inf.,  
Camberwell.  
3084. Miss J. T. Grant, cert. King's College Hosp.  
3085. Miss M. Buckle, cert. Salford Union Hosp.  
3086. Miss C. R. Mandling, cert. Camberwell Inf.  
3087. Miss H. Morgan, cert. General Hosp.,  
Birmingham.  
3088. Miss L. Dickinson, cert. General Hosp.,  
Birmingham.  
3089. Miss E. Cockeram, cert. General Hosp.,  
Birmingham.  
3090. Miss S. M. Ekins, cert. Central Lond. Sick  
Asylum, Hendon.  
3091. Miss C. A. U. Smith, cert. Queen's Hosp.,  
Birmingham.  
3092. Miss E. Frost, cert. Queen's Hosp.,  
Birmingham.  
3093. Miss K. Lintott, cert. North Ormesby Hosp.  
3094. Miss L. Kemp, cert. St. Mary's Hosp.,  
Paddington.  
3095. Miss E. Graham, cert. Western Inf., Glasgow  
3096. Miss G. I. Fowler, cert. Leicester Inf.  
3097. Miss T. Hornsby, cert. St. George's Hosp.,  
S.W.  
3098. Miss C. H. D. Sowter, cert. Guy's Hosp.  
3099. Miss R. Prestidge, cert. London Hosp.  
3100. Miss A. E. Robinson, cert. London Hosp.  
3101. Miss A. Wellington, cert. Addenbrooke's  
Hosp.  
3102. Miss A. W. Sanderson, cert. Stobhill Hosp.,  
Glasgow.  
3103. Miss A. V. H. Burstor, cert. Metropolitan  
Hosp., N.E.  
3104. Miss B. Taylor, cert. London Temp. Hosp.  
(Matron, Clapham Maternity Hosp.)  
3105. Miss M. Thorold, cert. St. Thomas' Hosp.  
3106. Miss E. E. Manser, cert. Roy. Hants Co.  
Hosp.  
3107. Miss L. Lawton, cert. Lewisham Inf.  
3108. Miss S. Grafton, cert. Roy. Inf., Edinburgh.  
3109. Miss M. G. Mancser, cert. Steyning Union  
Hosp.  
3110. Miss R. B. Mustard, cert. General Hosp.,  
Croydon.  
3111. Miss R. Carter, cert. Cumberland Inf.,  
Carlisle.  
3112. Miss E. K. Rogers, cert. Norfolk and  
Norwich Hosp.  
3113. Miss J. Morris, cert. St. Bart's Hosp.,  
Rochester.  
3114. Miss A. Guilhemfouert, cert. Kingston Inf.  
3115. Miss A. M. Pearson, ditto.  
3116. Miss H. M. Porter, ditto.  
3117. Miss G. Gilbert, ditto.  
3118. Miss M. McCarthy, ditto.

It was agreed to appoint a Fraternal Delegate to represent the Society at the International Congress of Nurses at Cologne in August, at the next meeting of the Committee. The meeting then terminated.

MARGARET BREAY,

*Hon. Secretary.*

## THE ASSOCIATION FOR THE PROMOTION OF THE REGISTRATION OF NURSES IN SCOTLAND.

The annual meeting of the members of the Association for the Promotion of the Registration of Nurses in Scotland was held in the Gartshore Hall, George Street, Edinburgh, on Tuesday last week. There was a large and representative attendance, and the chair was taken by Lord Inverclyde, the President.

The Chairman said that their chief object was to promote a Bill for the Registration of nurses. It was brought forward in the House of Commons, but unfortunately, owing to the pressure of other business in the House last session, no time was left for its consideration. It was proposed to introduce the Bill again, and he could only hope that progress would be made with it. They would all regret that they had no longer with them Sir James Gibson and Mr. Rolland Rainy, both of whose names were on the back of the Bill. Having referred to other losses, he called on Dr. Mackintosh, to whom they were so much indebted for his work as honorary secretary, to submit the annual report.

The annual report was then submitted by Dr. D. J. Mackintosh, Western Infirmary, Glasgow, and showed that 179 nurses had joined the Association during the year, so that the interest in the work was steadily increasing. The total membership was now 2,270. The passing of the National Insurance Act made it more necessary than ever that nurses should interest themselves in any legislation that was likely to affect them, either financially or in status.

The Hon. Treasurer, Dr. Johnston, submitted the financial statement, which showed a credit balance of £43.

Dr. Barbour, in moving the adoption of the report, said they had the satisfaction of having one Registration Bill only, which was a very important point. Parliament expected that when there was an important movement of this kind there should not only be unanimity but expression should be given to a large body of opinion. A great advantage of having registration was that it created a standard of efficiency. A further advantage of the scheme was that it did not affect the freedom of the individual. Everything that did away with the idea of isolation and self-sufficiency was good. All members of the Association should put their shoulders to the wheel to get the Bill through the House of Commons.

Miss Gill, Lady Superintendent, Royal Infirmary, Edinburgh, seconded, and the report was adopted.

Mr. J. Duncan Millar, M.P., speaking in support of the principles of the Bill, said he thought there were few objects which were more deserving of sympathy and support than the proper training and equipment of those in whose charge were placed their suffering humanity. He thought if they got the Bill through it would be one of the most permanent memorials of the work of Florence Nightingale. The Bill, he said, had created a great deal of interest in the country and in the House of Commons. He was prepared to do all in his power to advance the prospects of the Bill in the House of Commons. The movement was a national affair, and ought to be regarded in that light.

On the motion of Dr. Renton it was agreed that the present acting secretary, the hon. secretary, the hon. treasurer and the Executive Committee watch the progress of the Bill through Parliament, and take such action as they considered necessary.

Mr. L. H. M. Dick, secretary of the Royal National Pension Fund for Nurses, explained the National Insurance Act as it affected the nursing profession.

## QUEEN VICTORIA'S JUBILEE INSTITUTE.

### CONFERENCE ON THE NATIONAL INSURANCE ACT.

A Conference of representatives of the affiliated associations of Queen Victoria's Jubilee Institute for Nurses was held at Denison House, Vauxhall Bridge Road, S.W., on Wednesday, February 28th, to discuss the bearing of the National Insurance Act on district nurses, and to consider a scheme for obtaining more representation of the affiliated Associations on the Council. Mr. R. B. D. Acland, K.C., presided, and stated that the Institute had been asked by the Commissioners under the National Insurance Act, to nominate three persons who would be willing to serve on the Advisory Committee of the National Health Insurance Joint Committee.

The Council nominated Miss Hughes, General Superintendent, Lady Susan Gilmour, and Mr. D. F. Pennant, Hon. Secretary.

Mr. Pennant, who spoke on the question of obtaining grants from the Approved Societies under Section 21, said a great deal had been heard of the probable loss of subscriptions to district associations. It was too early yet to estimate whether there would be any substantial falling off

but there was no reasonable ground for withdrawing subscriptions this year as there would be no benefits under the Act during the present year.

On broad principles they must seek to establish a provision that the services of a visiting district nurse should be available to all persons insured under the Act when so required. This should be an essential part of any scheme of national health insurance, and for this they must put forward a definite claim. The question was how far this was possible under the Act. He understood Section 21 to mean that it gives power to an Approved Society on behalf of its members to contribute to the support of a district nurse.

One of the greatest difficulties between doctors and the Government was that the Act encouraged contract practice. This difficulty did not exist with District Nursing, for one nurse usually attended all cases requiring nursing attendance within a given area. In towns it was almost universal for given areas each to have their own nurse.

In the United States and Canada a system was in force by which provision against sickness was made through an Industrial Company, which arranged for the nursing attendance on policy holders. The Nursing Association employed by the Company is notified each morning of the cases needing visiting, and renders a return of the visits paid, for which it is re-imbursed on the basis of the number of visits paid, which worked out at the rate of about a shilling per head per visit, in some cases higher. Health Insurance Committees would find it profitable to subsidize the Nursing Associations.

Mr. Saunders of Liverpool pointed out the possibility of competitive nurses being appointed. Their representatives should inform the Commissioners the cost at which the associations could do the work, otherwise other nurses might be appointed over their heads.

After some discussion a motion was carried:—"That the Insurance Commissioners be asked by deputation from the Institute and the larger associations, or otherwise, to request the Institute and the various associations throughout the country to submit schemes as to how and on what terms insured persons could be visited and nursed in the different districts, and that work under the sanatorium benefit clauses be included."

On the motion of Lady Selborne it was also resolved:—"That the Institute be requested to issue a circular to all affiliated institutions calling attention to the importance of securing representation on the Insurance Committee through the council of the county or county borough, and expressed the opinion that where any representation is to be made on county council it is desirable that it should be made through the county association or number of associations acting together."

Dr. Fremantle (M.O.H. Hertfordshire), speaking on the way in which the Act might affect district nurses practising as midwives, said that the hardship of a nurse having to pay 15s. a year



insurance out of her small salary could be obviated by remunerating her more adequately. Charity bestowed out of the nurses' services should cease. The rate of payment must be raised. One good thing about the Act was that provision was made for the payment of the doctor's fee when summoned to the assistance of midwives in conformity with the regulations laid down by the Central Midwives' Board. The result was that medical men were far more willing to work with midwives now that their position was recognized, and he hoped they would be more willing to employ them as monthly nurses, which would often ensure a substantial addition to their income.

#### THE POSITION OF NURSES AS INSURED PERSONS.

Miss Amy Hughes, dealing with the above question, said that nurses must become insured persons under the National Insurance Act, but she did not think it was realised that, as things stood, the large majority must become post office contributors, which was very desirable to avoid. The post office scheme was not really an insurance scheme at all, but contributions were made on the deposit system, and the contributor received back what she paid in, with a small addition, less expenses. When that amount was withdrawn there were no further payments.

This was a most undesirable position for women who had spent three or four years in learning their arduous work, work for the community which involved a severe physical tax. The solution of the difficulty was the formation of approved societies for nurses as such, arranging the benefits to meet their special needs.

In regard to the affiliated associations, it would seem advisable that they should agree upon the arrangement between the nurse and the Association, *i.e.*, it might be understood when the nurse was engaged that the committee should deduct the 13s. payable by her as insurance contributions.

The benefits provided by the Act were sickness allowance, medical treatment and sanatorium treatment, and disablement allowance. Nurses in the past had usually received the first three, and it seemed advisable that the benefits in a Nurses' Friendly Society should be altered.

If an Association agreed with the nurse that she did not receive the 7s. 6d. weekly, it might then become responsible for her illness for a period of six weeks, and give her benefits more suited to her needs, such as disability allowance or old age pensions.

A large number of associations insured their nurses against sickness, and by making the arrangement she had outlined with the nurse a beginning might be made of a substantial addition to her benefits.

Women who were the channels through which the good work of others filtered down to the very poorest, should have some special benefits. They were Empire builders in a small way, and they asked to have their hands strengthened in doing their work.

Mr. Douglas Pennant, following on the same lines, said that taking the Act and its benefits as they stand, insured nurses would receive 7s. 6d. per week, but nurses normally when ill were cared for in the Home with which they were connected for a certain time, and in the case of district nurses their associations supported them. They did not, therefore, need the 7s. 6d. a week to lie up. Again, they usually needed to go away to convalesce, but they were not going to get cured at 7s. 6d. a week. Under Clause 13, which was inserted during the discussion of the Bill, any approved society could submit a scheme for the adoption of alternative benefits to the Commissioners, and it might be possible to arrange that if nurses did not receive payment for the first five or six weeks of illness that they could have 15s. a week afterwards.

Many Associations had insured their nurses in the Law Accident Insurance Society providing for an allowance of £1 per week for 13 weeks in the event of illness. If this were cut down from 13 to 6 or 7 weeks, as it could be if the Associations undertook to care for the nurse for the first 6 weeks, the premium paid would then be reduced from £1 15s. 9d. to somewhere about 18s.

In reply to questions, Mr. Pennant said that under the scheme proposed a nurse, during disablement would get between 15s. and £1 a week after the first 6 weeks, permanently.

In regard to the 6s. set apart by the State for the payment of appointed doctors, the Clause making this provision was very controversial, but he did not think this sum could be applied for any other purpose.

#### THE FORMATION OF AN APPROVED SOCIETY FOR NURSES.

Sir Archibald Williamson then spoke on the formation of an Approved Society for Nurses. He pointed out that some of the existing friendly societies do not take women, and others do not take nurses. The alternative was that they should become Post Office contributors, which had been shown to be undesirable; therefore the question of the formation of a special society arose.

There was a movement amongst nurses, directed by leaders of the nursing profession, to form an approved society for themselves. On the other hand, an approved society was being formed by the Royal National Pension Fund for Nurses, and without offering any criticism of any other society he desired to point out the stability and strength of resources of the Pension Fund. It was not yet able to issue a prospectus, because, owing to pressure of work the Insurance Commissioners could not give information as to the advantages which could be offered, but as soon as the necessary calculations were available this would speedily be done.

He had been asked by the Secretary of the Fund to meet a criticism, and to say that it was not the intention of the Fund to insure men. It would be willing to include ward maids, but not men.

The Queen Victoria's Jubilee Institute did not hold a brief for the Pension Fund, and it was quite open to nurses of affiliated Societies to join any approved society they chose.

Miss Hughes said she understood that the Society would be for nurses only. Would it not be advantageous that it should be so? She mentioned that nurses, as a rule, do not marry into the class which would draw on the funds of such a society after marriage.

Sir Archibald Williamson said that the point was not absolutely decided. If it was disadvantageous to nurses, ward maids need not be included.

Mrs. Modell inquired whether the Approved Society to be formed by the Pension Fund would not be a separate section with no claim on the funds of the R.N.P.F.

Sir Archibald Williamson replied that he did not think that was a correct assumption. If the Pension Fund put its name to a scheme all its funds would be available.

Mr. Pennant having refuted this statement, and shown that the approved society formed by the R.N.P.F. could draw on its own resources only, Sir Archibald said that at any rate this body were qualified to do the best they could.

After some discussion, the following resolution was adopted: "That this meeting supports the formation of an Approved Society for nurses."

In reply to a question as to whether arrangements would be made by the Q.V.J.I., Mr. Pennant said that that was a matter for the nurses themselves. No pressure would be put upon them.

The Chairman, Sir Reginald Acland, K.C., in closing the discussion, referred to Miss Hughes' remarks as to the large majority of nurses having to become post office contributors. Of all the men and women, the most miserable when the Act came into force would, he thought, be the post office contributors, and this would be the position of the nurses, unless a sound approved society were formed to meet their needs.

#### WIDER REPRESENTATION OF THE AFFILIATED ASSOCIATIONS.

The next question considered was a scheme for obtaining wider representation of the affiliated associations on the Council of the Institute.

The Chairman explained that the Council was constituted of certain persons, approved by Queen Alexandra, the trustees, people useful in the nursing world, and representatives of various interests.

The discussion resolved itself more or less, as such discussions are apt to do, into the voicing of special interests and special claims. Cardiff and Portsmouth each put forward special reasons why they should nominate a delegate. Mrs. Bridgeman (Shropshire) said that when the Institute was founded its work was mainly confined to the towns; now there were a number of County Associations, with 900 village nurses. She moved that a Standing Committee representing the County Associations be formed, with representation on the Council of one representative to every three Associations, afterwards changed to give "substantial representation on the Council."

The original resolution was lost, and an amendment carried providing that "it is desirable that a Standing Committee be formed consisting of representatives of County Associations."

#### THE IRISH NURSES' ASSOCIATION.

The monthly meeting of the Executive Committee was held on Saturday, March 2nd. Before the business began the members all stood while the President read a resolution regretting the sudden death of Mrs. Kildare-Treacy, by which the Association had lost one of its most earnest and indefatigable workers, and the nurses one of their kindest and most sympathetic friends. It was agreed to send letters conveying the sympathy of the I.N.A. to Mrs. Treacy's relatives and to the nurses of the City of Dublin Nursing Institution. A resolution of sympathy was also read from the Ulster Branch of the I.N.A. condoling with the great loss we had sustained.

The annual meeting will take place on the evening of March 16th, when the business will be the election of office-bearers for the ensuing year. The usual entertainment will be postponed out of respect to the late Mrs. Kildare-Treacy.

Miss Hogg, who has trained so many successful candidates for the examinations of the Incorporated Society of Trained Masseuses, intimated that her past pupils wished to present a bookcase to the I.N.A. This gift was most gratefully accepted, as the present one is quite inadequate to hold all the volumes of the library. The Committee desired Miss Hogg to convey the thanks of the I.N.A. to her pupils for this handsome gift.

Owing to pressure of work, Miss Carson Rae has reluctantly resigned the post of Secretary. Her formal resignation had been given in June of last year, but no active steps had been taken to replace her. It was agreed to advertise the vacancy.

#### THE NURSES' HOSTEL CO., LTD., DUBLIN.

The above Institution held its first birthday in February, and, although late, we wish it many happy returns. It has to be congratulated on coming through the first and probably most anxious year with great success. There is now a staff of good, reliable nurses, and every week the connection is getting wider and wider. When starting this Co-operation there was naturally much speculation as to whether it would succeed or not, but the year's working has proved that it will. It has finished the year practically clear of debt, with a good amount of share capital still untouched. A. C. R.



## APPOINTMENTS.

### MATRON.

**West Cornwall Miners and Women's Hospital, Redruth.**—Miss M. S. Freeman has been appointed Matron. She was trained at the Hospital for Women, Sparkhill, Birmingham, and has held the position of Charge Nurse at the Cumberland Infirmary, Carlisle, and of Sister at the West Cornwall Miners' Hospital.

**Union Workhouse, Grimsby.**—Mrs. E. M. Williams has been appointed Matron. She was trained at Cardiff Union Hospital and has held the position of Superintendent Nurse at the Union Hospital, Chippenham, and of Matron at the Spalding Union Workhouse. She is a Certified Midwife.

**House and Infirmary for Sick Children, Sydenham.**—Miss G. M. Kennion has been appointed Matron. She was trained at Addenbrooke's Hospital, Cambridge, and has held the positions of Assistant Matron at the Alexandra Hospital, Queen Square, Bloomsbury, and of Sister at the Poplar Hospital. She is a Certified Midwife.

### ASSISTANT MATRON.

**Royal Infirmary, Aberdeen.**—Miss Ogg, who has for some years held the position of Sister at Belvedere and Ruchill Hospitals, Glasgow, has been appointed Assistant Matron at the Royal Infirmary, Aberdeen.

### SISTER.

**General Hospital, Weston-super-Mare.**—Miss Blanche Fooks has been appointed Sister. She was trained at the London Hospital, Whitechapel, E.

**Sunderland Union Infirmary.**—Miss W. Fitzpatrick has been appointed Sister. She was trained at the Newcastle Union Hospital, and has been Staff Nurse there, and at Leigh Infirmary, and a private nurse at the Nursing Home, York. Miss Fitzpatrick holds the C.M.B. certificate.

### SCHOOL NURSE.

**Oxfordshire Education Committee.**—Miss Margaret Marr has been appointed School Nurse for Ipsden and Mongewell. She has previously held the position of District Nurse at Bicester and Ipsden.

**Hastings Education Committee.**—Mrs. Alice Eshelby has been appointed School nurse to the Borough of Hastings. She was trained at the Holborn Union Infirmary, was engaged in private nursing for two years on the staff of the Kent Nursing Institution, Tunbridge Wells, and has acted as Temporary Staff Nurse at St. Bartholomew's Hospital, Rochester.

### ORDER OF ST. JOHN OF JERUSALEM.

The King has been pleased to sanction the following appointments to the Order of St. John of Jerusalem in England:—

*As Ladies of Grace.*

Lucy Cecilia, Countess of Scarborough.

Maud Jacqueline Marie Beauclerk, Countess of Arran.

Rachel Annie, Miss Cox-Davies.

Mary, Mrs. Edgar Sheppard.

Elizabeth Mary, Lady Strong.

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The undermentioned Staff Nurses are confirmed in their appointments, their periods of provisional service having expired: Miss Agnes M. Ahern, Miss Ada M. Rice, and Miss Mary E. B. Eytton.

### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

*Transfers and Appointments.*—Miss Jessie Chambers is appointed to Eastbourne; Miss Lillie Hames, to Cambridge; Miss Emily Wynne, to Berkhamstead.

### VACANCIES.

Several important Matronships are vacant just now in the nursing world, amongst them the Royal Infirmary, Halifax, the Birmingham Poor Law Infirmary, and the County Donegal Infirmary, particulars of which have been notified in our advertisement columns.

### LECTURES ON BABIES.

A course of lectures on Babies will be delivered by Dr. Ralph Vincent in the Lecture Theatre of the Infants Hospital, Vincent Square, Westminster, S.W., on Wednesdays in March and April, of which particulars will be found on page viii. of our Advertisement Supplement. Dr. Vincent's lectures are always most interesting, and full of instruction, and are invariably appreciated by those who attend them. We commend the course to the attention of our readers.

### WEDDING BELLS.

We are informed the resignation of the Matron of the Royal Halifax Infirmary, Miss Puxley, is caused by her approaching marriage to the Secretary of the institution, Mr. Oates Webster.

In various positions from probationer to Matron Miss Puxley has been connected with the Infirmary for thirty years, and many are the good wishes for her future happiness.

### THE PASSING BELL.

We regret to record the tragic death of Miss Dorothy Davies, Matron of a nursing home at Ashton-on-the-Mersey, Lancashire, at the Cottage Hospital, Holywell, on Sunday last. Miss Davies had been ill since January 19th, when she was found lying in the snow on the Chester and Holyhead railway, having fallen from an express train. At the inquest held by the Flintshire Coroner her sister deposed that Miss Davies was returning from a visit to her father, who was seriously ill, to whom she was devoted. In the train she wrote to a friend asking him to look after her father, and saying that her brain had given way. The jury returned a verdict of suicide while temporarily insane.



## NURSING ECHOES.

The Queen paid a long visit to the West London Hospital, Hammersmith, on Saturday last, and was received, amongst others, by the two secretaries, Mr. Betheridge and Mr. Madge, and by the matron, Miss Nevile, the assistant matron, Miss Maclean, and several of the medical staff. Her Majesty distributed flowers and kind words, and her visit gave great pleasure throughout the wards. We wonder if the Queen was shown the nurses' quarters; if so, we feel sure she will give support to the efforts of the governors to raise the necessary funds to provide a sanitary Nurses' Home, as the present accommodation is very inadequate and inconvenient. It is hoped that the great bazaar which is to be held in aid of this hospital in May will provide funds to erect the new Home. Queen Amélie has already, we hear, sent offerings which will no doubt command immediate sale.

The annual report of the Nurses' Co-operation, 8, New Cavendish Street, London, W., shows that the financial position of the Co-operation has been well maintained, and that the fees received by the nurses have considerably exceeded those earned by them in any one year since the Co-operation was founded in 1891. The receipts from patients were £48,807 13s. 3d., of which £45,939 have been paid to the nurses. The Committee report that the appointment of Miss Clara Hoadley as successor to Mrs. Lucas as Lady Superintendent has proved most satisfactory, she having already shown a keen interest in the nurses individually, as well as a determination to maintain the highest possible standard of efficiency of the Staff wherewith to meet the requirements of the doctors and their patients. The Committee also heartily acknowledge the good work of the Home Sister, Miss Baker, at the Howard de Walden Home. There are 387 members of the Nurses' Home and Club, which adds materially to the welfare of the nurses.

Mr. Isidore Salmon, L.C.C., who presided at the 22nd Annual Meeting of the Hammersmith and Fulham District Nursing Association, held at Carnforth Lodge, Hammersmith, on March 1st, suggested that a claim should be advanced for support from the public educational authorities by the Association.

Mr. Samuel Bewsher, a member of the Finance Committee, in moving the adoption

of the report, spoke of the present-day tendency to accept nothing in way of charity but to take everything as a right, and to hand the management of charitable institutions over to Government departments. There were two main objections to municipalization. One was that the cost of management of the institutions concerned was at once increased. As an example of a fund controlled by a Government Department and its cost, he instanced that of the Fund for the assistance of the unemployed, which was quite well managed, yet the expenses were £4 17s. 6d. for every £1 which reached the working man. Again, it was a valuable asset for any nation to have a large body of citizens devoted to doing good. Was this spirit to be crushed out to satisfy the chimeras of wild politicians? The Rev. G. D. Castleden, Vicar of St. Andrew's, Fulham, who seconded the adoption of the report, spoke of the invaluable work of the nurses from personal knowledge. He urged the Association to push its financial claims, saying that the clergy received so many appeals that the first few went into the waste-paper basket, but the fifth and sixth appeals, followed by a call, produced results. "If you worry us rather more, we will give you more money." We quite agree that the clergy receive innumerable appeals, but it is open to question whether they should expect busy people whose claims they recognize, and whom they intend to help, to appeal to them half-a-dozen times before taking any notice of the needs which they voice.

Mr. Charles Corkran, of the Charity Organization Society, proposing the re-election of, and thanking, the officers, questioned if there was any essential difference between the principles professed by the C.O.S. and the Hammersmith and Fulham D.N.A. They were thoroughness, catholicity, science. Nursing traced its lineal descent through a long line of ancestors from religion, war and science.

Miss M. Chapman, in seconding, spoke of the value of the nurses' help to the local tuberculosis dispensary and the Invalid Children's Aid Association.

The nurses are fortunate in possessing as their headquarters Carnforth Lodge, with its large garden at the back of the house. It is greatly desired to buy the property so that it may be secured to the Association. We hope any appeals issued with this object will receive an immediate response, and not be consigned to the waste-paper basket till the fourth or fifth reaches the consciousness of the recipient.

The new home for the nurses at the Samaritan Free Hospital, Marylebone Road, N.W., which was opened by Viscountess Portman last week, is a great addition to the Hospital, and has been built on the site of some old houses which had served their purpose. The Matron's sitting-room, bedroom and bathroom are in the new building, as well as rooms for twelve nurses and the night Sister. The nurses will still have their meals in the hospital, which communicates directly on the ground floor and the second floor with the new building. The walls throughout are of a pleasant buff colour, the surface being of paripan, the wood-work being painted in a soft shade of green. By an ingenious patent arrangement the windows will either open up and down as an ordinary sash window, or the whole of the bottom half can be opened inwards, admitting the maximum amount of air possible. The staircase and floors are of teak, a most satisfactory wood to use for such purposes. Probationers are accepted for a two years' term of training—and a very valuable training in women's surgical work it is. At the conclusion of this term the Matron, Miss Tice, usually obtains admission for them to the nursing school of a general hospital. She thinks, however, that after their two years' training it should be possible for them to be accepted as second year probationers by general hospitals, and that more co-operation between the hospitals would be very advantageous for educational purposes.

At the eighteenth annual meeting of the Society for Nursing the Sick Poor of Lurgan, held in the Carnegie Free Library, Lurgan, last week, a most interesting lecture on the history

of district nursing, illustrated by magic lantern slides, was eloquently delivered by Lady Hermione Blackwood. Dr. M. Deeny, J.P., occupied the chair, and there was a large and representative attendance.

Miss M. Crawford, joint hon. secretary, read the Society's annual report, from which it appeared that during the year the district nurse had attended 174 cases and paid 2,480 visits. The Society's balance-sheet showed that the

expenditure during the year came to £145, and there was a balance to the good of £161.

In moving a vote of thanks to Lady Hermione, Mr. H. G. MacGeagh, D.L., said that she had inherited in no small degree the gifts of her most distinguished ancestry, amongst whom was reckoned the most brilliant of Irish orators, Brinsley Sheridan, which accounted, to his mind, being a believer in heredity, for the eloquent discourse they had just listened to. The instructive part of her lecture, he felt certain, would be treasured in the minds of

many present, and would, he hoped, be largely taken advantage of.

By the kind permission of M. André Mesureur we are able to publish the accompanying portrait of Mlle. Clément, the *Surveillante Générale* of the Nursing School of the *Assistance Publique* at Paris, which appears in *La Soignante*, the charmingly produced paper of the certificated nurses of the school. Mlle. Clément contributes to this paper a letter addressed to the former pupils of the school, assuring them that they will always receive a most cordial welcome there. This is followed by two letters, the first addressed by Mlle. Clément to Monsieur G. Mesureur, Director of the General Administration of the *Assistance*



Mlle. Clément.

*Publique* in Paris, assuring him of Mlle. Clément's appreciation of the confidence placed in her in appointing her to so honourable a position, and her hope that her acts will show better than words that his confidence is not misplaced. The second letter is to the pupils of the school, and acknowledging her indebtedness to Mlle. Grenier and the four monitresses in her work as Superintendent. It will be remembered that Mlle. Clément sent a charming letter of sympathetic greeting to her English colleagues on the occasion of the *Isla Stewart Oration*.

## REFLECTIONS.

### FROM A BOARD ROOM MIRROR.

• His Royal Highness, Prince Arthur of Connaught K.G., has consented to become Patron of the twenty-seventh Congress of the Royal Sanitary Institute, to be held at York in July next.

The annual report of the General Hospital, Birmingham, amongst many interesting items, states that the alteration of the Massage Department has given promise of success. Several pupils have already been received, and others are being arranged for, while it has enabled more massage work to be carried out. This method of treatment for surgical conditions, fractures, joints, &c., has greatly increased in recent years. The hire of radium, as required, has been continued, and the medical committee still have under consideration the question of the future use of this treatment. The X-Ray Department has been carrying out an increased amount of work during the past year, and the large number of Radiographs taken are an evidence of the great importance of this help in diagnosis for both surgical and medical cases.

The Board call the attention of all interested in the welfare of the hospital to the triennial Musical Festival, in October next. Special arrangements are being made for the convenience of subscribers, and it is hoped the result will be an appreciable addition to the hospital funds. They conclude by expressing their very hearty appreciation of the services rendered to the hospital by the House Governor, Mr. Howard J. Collins, and his staff. To the Matron, Miss Musson, and to the Resident Medical, Surgical and Nursing Staff, their cordial thanks are also offered.

The Governors of the Royal Hospital for Incurables at Dublin are to be congratulated upon their decision to abandon the scheme for the erection of a Sanatorium for consumptive patients in the grounds of the hospital. This institution is one of the most excellently managed hospitals in Ireland—and nothing should be done to lessen its great benefit to the incurable cases with which it deals.

## LEGAL MATTERS.

### A NURSE'S FEES.

A case which is of importance to private nurses, and also to Superintendents of Nursing Institutions, was decided last week in the Manchester County Court, when Mrs. Mary Doris Lingard, of Morning-side, Victoria Park, Manchester, claimed £3 15s. for the services and travelling expenses of a nurse from a master at the Bury Grammar School. The nurse was engaged at £1 11s. 6d. per week, payable monthly. She was re-engaged at the end of the first month and her services were apparently satisfactory until she was summarily dismissed. It was contended for the plaintiff that there was nothing serious in the allegations now made against the nurse, or her engagement would not have been renewed. For the defence it was submitted that if the nurse left her employment before the end of the month under such an agreement she could not recover. The judge thought otherwise, and said: (1) if the allegations had been serious no doctor would have left his patient in the hands of such a nurse, and (2) although the salary was to be paid monthly it was fixed at so much a week, which meant that the employer had to pay for every week of service completed. He could not accept an argument which would permit an employer to get three weeks' service from a nurse and then dismiss her without payment.

### HAMP-ADAMS v. HALL.

It will be remembered that some months ago Miss A. J. Hamp-Adams, of a Nursing Home in New Cavendish Street, was awarded £1,500 damages against Major Charles Hall for alleged assault, and that later, on appeal, the verdict was reversed. The case, which again came up recently, has ended in a settlement by which the defendant withdrew all suggestions made in the course of the case against the plaintiff, and also against her father, with an expression of regret that they had been made. On these and other terms handed in the record was withdrawn.

### A CONTEMPTIBLE CRIMINAL.

At the Cheshire Assizes, before Lord Justice Coleridge, Hugh Sedler Beech was charged with causing grievous bodily harm to Miss Margaret Powell, of the Tilston and Guddington Nursing Association, found guilty and sentenced to twelve months' imprisonment in the second division.

The judge said that the prisoner's offence was aggravated by his unmanly and dastardly attempt to save himself at the expense of a woman's reputation.

### SOEUR CANDIDE.

Sœur Candide, an ex-nun, formerly manageress of an institute for tuberculosis, has been sentenced by the Correctional Tribunal in Paris to eighteen months' imprisonment, under the First Offenders Act, the payment of a fine of 1000 francs, and the restoration of various sums in connection with a charge of false pretences.



## OUR FOREIGN LETTER.

### THE WOMEN'S EXHIBITION AND CONGRESS AT BERLIN.

DEAR EDITOR,—I want to give you a really good report for your journal about the Women's Exhibition and Congress just opened in Berlin, but it must be a few words this week and more later, as this week my time is so fully occupied. Besides the exhibition, we have a tremendous National Women's Congress, which takes all my time, as our members are streaming towards it from all over the country. Sunday and Monday we have the annual meetings of the Grand Council of the German National Women's Council, so you see, though I have you in mind, I can only give you a few bits to-day.

First, the Women's Exhibition and Congress are a *tremendous* success. A study of weeks would not suffice to see everything in its entirety. The historical Nursing Exhibit is simply a gem. Eighteen Catholic Orders allowed me to have their Dresden things, and we have also the lovely exhibit of Kaiserswerth shown at Dresden. These are placed in small rooms to right and left of the larger rooms filled by the professional nurses. Besides our Association there are: The Berlin Municipal Hospitals, the Hamburgische Staatskrankenanstalten, the Victoria House, the Jewish Nurses' Association, Diaconie-Verein, Nurses' Inventions, the Midwives' Show, including splendid old books and statistics, the Heilgymnastiek, lovely photographs from institutions of district nursing taken for Berlin, but all to be at our exhibition at Cologne, also statistics and beautiful pictures to gladden the heart of our historians. I was appointed head of the Nursing Section of the Exhibition, and I am glad to say everything was ready on the opening day.

Her Majesty the Empress opened the Exhibition on Saturday morning. She visited many parts of it, coming specially to the Nursing Section, although a bit out of the way. I was presented to her, and she spoke of the great amount of work we must have had to arrange it, and greatly admired a wonderful bit of wood-carving, a memorial of the Hamburg-Eppendorf nurses, with the names engraved on it of all the nurses who have died after work in its wards. She also took a great interest in the very small trunk fitted with everything for the use of a nurse in war. Her Majesty talked very kindly to the Sisters of the Dominican Order, and to the Deaconesses of the Paul Gerhardt-Stift, some of whom had nursed her some years ago. The German papers are filled with unstinted praise of the Women's Exhibition. Crowds fill it, and the Congress, all day. The hall holds 2,500 people, but every day the morning and evening session have to be repeated the following day in another hall.

On Friday we shall discuss nursing. Graf Praschma will give a report from the Catholic Orders, and Grafín Herzberg, Matron of the Lazarurkrankenhaus will speak for the Deaconesses, General Surgeon Dr. Werner for the

Red Cross, and I speak for the professional Nurses on "The Duties of the State and of Society towards Professional Nurses."

I send you just this hasty word knowing of your deep interest in all our nursing concerns. I shall send you a further account at an early date.

Yours ever truly,

AGNES KARLL,

President,

International Council of Nurses.

### THE TRAINED WOMEN NURSES' FRIENDLY SOCIETY.

A meeting of the Committee of the above proposed Society will be held on Saturday, March 9, at 431, Oxford Street, London, W., to consider a draft outline of the constitution and benefits suggested by Miss Mollett and to receive communications from the Insurance Commissioners. It is greatly to be hoped that the members of the Committee will make an effort to be present, as it is desirable that the meeting should be as representative as possible. It is felt strongly by many nurses that a monopoly of nurses' insurance by any one society, would not be conducive to their best interests, and we are pleased to note that at the recent Conference of Queen Victoria's Jubilee Institute, at which this question was discussed, Mr. Pennant, the Hon. Secretary, stated that no pressure would be put upon Queen's nurses in this connection. Nurses also think that the best paid clerical posts should be filled by women; and this is very improbable unless they manage their own finances.

### SCOTTISH NURSES' ASSOCIATION AND NATIONAL INSURANCE.

At a meeting of the Scottish Nurses' Association held on Monday at the Christian Institute, Glasgow, the President, Sir William Macewen, being in the chair, Miss Paterson, one of the Insurance Commissioners for Scotland, addressed the members on the National Insurance Act in relation to Approved Societies. She pointed out that there were two agencies through which the Act would be worked, the Post Office and Approved Societies. The Post Office was not insurance at all, it was only a savings bank, and rather less would come out than had been put in.

Dr. McGregor Robertson said that, on an average, trained nurses were healthier lives than women in general and that therefore a society for nurses only would probably offer benefits not obtainable from a society which took in women in all kinds of employment. It was probable that in Scotland there was a sufficient number of nurses to form a Nurses' Friendly Society. The question was whether they should not take preliminary steps to do so at once.

On the question being put by the Chairman a very large number of nurses supported the proposition that the Scottish Nurses' Association should take steps to form a Nurses' Friendly Society and expressed their willingness to join it.

## OUTSIDE THE GATES.

## WOMEN.

The events of last week proved that the most vital question at the present moment before the country is that of the Enfranchisement of Women, which has quite put the Coal Strike into the shade. On Wednesday the anti-suffragists demonstrated in the Albert Hall, at an essentially man's meeting, although we had the humiliating spectacle of a woman, Miss Violet Markham, abasing herself in support of the unrestricted domination of the male sex. In spite of paragraphs in the press, stating that the Hall was crowded, we learn from an eye witness that it was only some two-thirds full, and as no policy which is obstructive, rather than constructive, has vital force, suffragists may rest content.

The second demonstration, that of the militant suffragists, has, of course, aroused criticism and condemnation. We offer no criticism on the policy of the leaders of this movement, for the reason that those who feel strongly on the suffrage question, but are not taking punishment for conscience' sake, can but refrain from criticism of those who are suffering the legal penalty of infringing man-made laws, and who feel under no obligation to keep them until it is conceded that women have human rights in common with men.

The harsh sentence of six weeks' imprisonment with *hard labour*, passed on Dr. Louisa Garrett Anderson for breaking a window, has aroused widespread indignation.

A concise little pamphlet has been issued by the Women's Industrial Council, which tells of what it is and what it does. The object of the Council, briefly summarised, is the improvement of all industrial conditions, whether general or special, in which women are concerned. Sectional committees undertake special work; thus the Investigation Committee is at present engaged in drawing up the report of an extensive inquiry, which has been carried on for the last two years in the provinces, as well as in London, into the effects, social, economic and hygienic, of the industrial work of married women and widows.

The Education Committee is now turning its attention to the question of day schools or training homes, where girls from the elementary schools shall be able to obtain practical training in the care and management of babies and young children. A scheme has been drawn up which recommends at least a year's course at a training home, and the Council is at present engaged in starting an institution of its own at 4, King Edward Road, Hackney, N.E., which it is hoped will prove a useful model to be followed in other parts of the country, and will induce public authorities to take action in the matter. Information concerning the most useful work of the Council can be obtained from the office, 7, John Street, Adelphi, W.C.

THE SEVENTH  
MARCHIONESS OF RIVIÈRE.

(Continued from page 176.)

## CALLED BACK.

The moon illumined Andrea's room, and oblivious of the flash and unrest of the world pursuing its ephemeral diversions, she stood at the open window, solacing her spirit with the beauty of the night.

The evening's post had brought her a note signed "Rosabelle," containing the cry "*Call back the soul of your lover.*"

By and by the door was opened, and Mrs. Leroy, in her brilliant ball-dress, came in. She glanced anxiously at Andrea, then she placed her arm around her—and kissed her pale cheek.

"Andrea dear," she said in her soothing way, "I do hope you are not going to make a fool of yourself."

"That all depends upon the point of view," replied Andrea.

"It is not reasonable for a woman to refuse to be Duchess of Beauvais," said Mrs. Leroy with conviction, "and he is so splendid—like a Prince in a fairy tale. Ah!" she added with a sigh, "if such a fate had been mine!"

Andrea took her friend's hand and laid her cheek against it. "There is tragedy in it," she said softly, "and marriage is so material. Suppose it broke the spell—in spirit we are safe—but can the body for long imprison the soul?"

*Call back the soul of your lover.*

Was not this the stern demand of justice?

She had thrust the asp-like note into the bodice of her gown—and its fangs had already fastened upon her tender heart.

"You know," she continued speaking into the night—"the call of duty, at the dictate of conscience, is so far more insistent, so far more powerful, than any incentive to personal happiness—because happiness for ever eludes the disregard of its command."

Anna Leroy was silent. She glanced at the pinched profile of the friend she held in such warm affection, and resented this bloodless creed—wherein heroism took precedence of happiness in the ultimate evolution of the human race.

"You see," Andrea continued as if reading her thoughts—"we are of this sphere for so short a while. Just a whiff of life—and away we go. Think of the eons and eons of time through which we shall soar away into the sublime!"

"But I don't want to think of them, I want you to be happy now, dear child," said the woman who longed for love—and had little appreciation of the sublime

"To-morrow I shall grasp happiness," said Andrea gaily; "I am going into the country for one whole perfect day. May is passing; and I must pass into the Spring light, and breathe the scent of the hawthorn, and listen to the maternal music of the birds, and kneel down on dear mother earth, and feel that we are all one and indivisible."



"And Rivière?" whispered Anna.

"Rivière of course," laughed Andrea, turning a radiant face from the moon—"how otherwise the essence of things?"

"How indeed?" assented Anna Leroy as she kissed the girl good-night.

\* \* \* \*

Those of you who, in the heyday of youth, have gone singing down the roseate path, hand in hand with Love, know full well the futility of words.

Andrea plucked the sting of remorse from her bosom and cast it from her. She would walk the flowery way. "This," she decided, "shall be Heart's Day—it shall be mine. Neither shall any power for ever and for ever take it from me."

The day was fair. More. It was of the utmost loveliness and sweetness.

But what of these things?

In the darkness and silence of Erebus would not Love have scored an equal victory?

At parting said Andrea:—

"At dawn we will go gather cowslips at the top of the world. Meet me, beloved, in the Garden of Gold."

"That will I," cried Love.

Thus Andrea called back the soul of her lover.

ETHEL G. FENWICK.

(To be concluded.)

## BOOK OF THE WEEK.

### THE DEVIL'S WIND.\*

"When the Sepoys who were taken at Cawnpore were asked why they had mutinied they replied: 'Surely it was a madness; a wind from the Devil was abroad in Hindustan.'"

Those of our readers who remember "A Marriage Under the Terror," by the same authoress, will not be disappointed with this thrilling tale of the Indian Mutiny.

The horrors of the Revolution, and the horrors of the massacre at Cawnpore, so revolting and so ghastly, are yet described by a pen that fascinates us and stirs us up to deep thankfulness that none of these terrible experiences were our own.

And the love story that is set in such a lurid setting is good too. Helen is a splendid character and deserves the happiness which at last falls to her.

Captain Richard Moreton makes the mistake of marrying Adela when he, of course, ought to have married her cousin Helen, and when his regiment was ordered abroad in due time Helen drifts into his household to be a moral backbone to his wife.

"Helen Wilmot was a comfortable third person in the household. Her presence made for safety and domesticity. Richard Morton valued peace in the domestic circle. Since his wife's cousin had been an inmate of his house there had been

no more scenes. . . . March went out, and India lay under the heat of April. Between the hazy sky and the parched earth no breath stirred save that impalpable breath of approaching dread. No one knew where the rumours came from. They were not and then they were."

Later the flight of the women and children from Urzeepore to Cawnpore is graphically described. "Helen had often wondered in the last three days what it would be like when it came; what she should feel—and do.

"The reality was quite different. She did not feel afraid, because all feeling had stopped. She did not feel at all. From battle and murder and from sudden death, Good Lord deliver us. She had seen all three, and she felt nothing at all. She had seen women killed, and a little child, and she had felt nothing.

"Even when the torn air whistled overhead and shell and round shot went screaming past, there were perhaps clasped hands, pale lips, and beating hearts, but no spoken tribute to terror. The firing had ceased at sundown and the room was full of small fretful noises.

"Helen, you will kill yourself," said Adela fretfully. "Every time you go over to that hospital I think you are going to be shot."

"Someone has to do it," said Helen, with a gleam of humour.

"I should let it be someone else."

Helen and Dick are among the very few that escape from that awful experience, and their marriage would have proved entirely happy, but that Adela, who was supposed to have been a victim of the massacre, had, true to her instincts, done the best she could for herself by marrying a half-caste man of high position. It should be, however, said in justice to her that she believed herself to be a widow. But exposure and suffering had set its mark upon her and the separation of Dick and Helen is only of short duration.

"She took his hand, still chilly from Adela's touch, lifted it to her bosom and held it there. Her heart beat against it. It grew warm and closed on hers in a strong grip that hurt and healed."

H. H.

### COMING EVENTS.

March 9th.—Meeting of the Trained Women Nurses' Friendly Society Committee. 431, Oxford Street, London, W., 4.30 p.m.

March 13th.—The Midwives' Institute Post-Graduate Lectures. 6. The Development of the Fœtus, Placenta, and Membranes. 6.30 p.m. Fee, 1s. to members; 1s. 6d. to non-members.

March 13th.—Lecture on "The Chemistry of Milk," by Dr. Ralph Vincent. Infants' Hospital, Vincent Square, S.W. 3.30 p.m.

March 13th.—The National Association of Midwives. Lecture to Midwives on "Tuberculosis." Weavers' Office, 1, Clayton Street, Blackburn.

March 14th.—Meeting Central Midwives' Board. Caxton House, S.W.

\* By Patricia Wentworth. London: Andrew Melrose.



March 20th.—Irish Nurses' Association. Lecture: "Massage as Applied to Children," by Dr. Ella Webb. 34, St. Stephen's Green, Dublin, 7-30 p.m.

March 27th and 28th.—Central Midwives' Board. Meeting to consider Penal Cases. Caxton House, S.W. 2 p.m.

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

### OUR PRIZE COMPETITIONS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I beg to acknowledge with many thanks the receipt of one of the "Real Incident Competition" prizes value £1 is.

Yours truly,

ANNA MARGARETTA CAMERON.

Margaret Street, W.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I hereby acknowledge the receipt of the Competition Prize, for which please accept many thanks.

Yours truly,

B. L. CHEESMAN.

Royal Southern Hospital,  
Liverpool.

### PADDLE YOUR OWN CANOE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—By all means let us have our own Society and manage our own affairs. Surely the many thousands our profession now numbers of educated skilled professional women can manage the affairs of the profession better than outsiders and laity. The account of the meeting held in London to hear Miss Mollett's suggestions warmed my heart—"Unanimous"—that's what we want. In this case, as in several others, *we know what we want*, and given that we want it sufficiently, there is no doubt whatsoever that we shall get it.

I wish I could divide myself into a thousand, and send in all the votes "in favour." As I can't do that, and as, alas! I am too far away to be able to help in voting and getting others to "know what they want" and pass it on, I send a small subscription towards expenses, to go to the "Defence Committee."

If we could only turn some of the people who cannot join the Registration Association because their Matron and Committee do not approve, to some account, we should have accomplished something. For myself, it is a state of mind I do not comprehend to know a thing to be right for oneself, one's comrades, one's patients, and the public at large, yet to refuse to join because one's superior officer chooses the fleshpots of Egypt.

Things have come to a pretty pass if people are dismissed because their private opinion differs from their employers', but if that is so the sooner one works with officers who hold the same views as oneself the better for all concerned, I should say. Forgive me if I speak too strongly. I *feel* mighty strongly.

Yours sincerely,

"PADDLE YOUR OWN CANOE."

Bombay.

### REMOVAL OF NAMES FROM MIDWIVES' ROLL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I notice that in your report of the meeting of the Central Midwives' Board it is stated a letter was received from the late Superintendent of the Norfolk County Nursing Federation complaining of the publication in a nursing journal of the names of two midwives removed from the Roll at the last Penal Meeting of the Board with their respective counties, when the Chairman had requested that these particulars might not be given.

I can quite understand that there may be good reason for asking the press not to publish details of cases, but in my opinion it is most undesirable that the names of midwives removed from the Roll should be suppressed for any reason whatever.

The Midwives' Roll is published in order that the public may know who are authorised by the Board to practise midwifery, and if the Board consider it necessary to remove the name of a midwife from the Roll and to cancel her certificate surely as wide publicity 'as possible' should be given to the fact for the protection of the public.

Further, the Board sits in a semi-judicial capacity, as a Court of Law, and its sentences should be as publicly given as those of any other court. It is unheard of for the fact of a sentence to be suppressed in any ordinary court; in fact, neither a judge nor a magistrate would have any power to do so. Why should the names of the poor old *bona fides* who are removed from the Roll be published and those of midwives who are certified after examination—and therefore of whom more should be expected than of the ignorant old women in practice at the passing of the Act—be suppressed?

Yours faithfully,

CERTIFIED MIDWIFE.

[We regret that owing to pressure on our space several letters are unavoidably held over.—ED.]

### OUR PRIZE COMPETITIONS FOR MARCH.

March 16th.—Describe what personal precautions you would take before passing on to another case after attending a case of infectious disease as a private nurse.

March 23rd.—How would you care for the dead, in a hospital, from the hour of death until the corpse is removed from the mortuary?

March 30th.—What special points would you observe in nursing a case of tuberculosis in a poor home?

# The Midwife.

## CENTRAL MIDWIVES' BOARD.

### LIST OF SUCCESSFUL CANDIDATES.

At the Examination of the Central Midwives' Board, held in London, on February 13th, 1912, 540 candidates were examined and 455 passed the examiners. The percentage of failures was 15.7.

#### LONDON.

*City of London Lying-in Hospital.*—K. Batcheller, A. B. Bissett, R. Grimby, C. M. Harris, A. G. Hibbert, A. L. Hooper, J. E. Petry, A. K. Richards, S. E. Stephenson, F. B. Tucker, K. S. Tucker, A. E. Williams.

*Clapham Maternity Hospital.*—G. Clark, E. M. Fagg, E. E. Ray, E. A. Robson, I. E. Wallis, A. R. Watson.

*East End Mothers' Home.*—B. E. Bladworth, G. M. Drew, H. Sutcliffe, E. E. M. Thompson.

*Edmonton Union Infirmary.*—A. E. Watts.

*General Lying-in Hospital.*—E. G. J. Bedwell, E. E. Bogle, U. M. Briscoe, R. E. Bundell, S. M. Chapman, E. E. Duggins, W. Gorham, A. E. F. Harrington, S. Hartwell, F. A. Higgs, M. P. Hind, A. Hodges, E. Hughes, I. Keeble, E. C. Leigh, C. Low, M. S. Mason, G. Moir, K. E. Parker, C. S. Peek, L. E. Rex, A. M. Swaffield, J. Thomas, E. Weaver, A. E. Williams.

*Guy's Institution.*—K. Harris, D. A. Hewitt, M. E. Moss, M. I. Nelson, P. M. Wallis.

*Kensington Union Infirmary.*—C. Simmonds.

*Lambeth Parish Workhouse.*—A. J. Bailey, F. E. Carter, G. A. Williams.

*London Hospital.*—N. E. Bowers, H. E. Bradshaw, N. G. Clements, L. Evans, S. M. Leacy, E. M. Nicholls, M. A. Norburn, E. F. Strong, M. M. Wood.

*Middlesex Hospital.*—M. R. Houston, A. R. Lawrie, E. A. Nullis.

*New Hospital for Women.*—M. Coulthurst.

*Plaistow Maternity Charity.*—E. C. Allum, M. Careless, R. E. Coleman, D. Dodd, M. S. Doughty, M. E. Ellis, A. S. Foden, E. Footitt, D. I. Harrington, M. Hurst, F. A. Jackson, C. Jones, G. E. Jones, L. V. King, D. Kitchener, A. Knight, J. Lowe, F. Moseley, F. I. Parker, E. L. Roberts, M. Robinson, S. S. E. Seymour, F. Sills, L. A. Vint.

*Queen Charlotte's Hospital.*—L. Antrobus, C. L. Baker, A. M. Barnett, M. Bentham, M. S. Brandreth, E. M. Carlaw, A. M. Gough, E. Haslett, M. E. Horner, F. N. M. Hunt, E. S. Jordan, R. M. G. Lee, J. Lees, A. Lonsdale, M. McGlashan, M. de C. Mead, P. J. Pedley, L. M. Pike, M. Rowling, E. M. Shannon, H. C. Streetin, E. Summers, C. H. Trew, E. M. Venner, R. E. Venner, G. M. Ware, M. M. Webb, J. B. Wood.

*Regions Beyond Missionary Union.*—L. A. Foster, E. Raine.

*St. Bartholomew's Hospital.*—H. M. Watt.  
*Salvation Army Maternity Hospital.*—A. M. Amson, A. Hartley, L. M. H. Löchel, E. F. Payne.  
*Shoreditch Union Infirmary.*—L. R. Birch.  
 11. Devine, E. Prophett.  
*University College Hospital.*—E. M. Evans.  
*Woolwich Military Families' Hospital.*—M. Edwards, C. Grant.

#### PROVINCES.

*Aldershot, Louise Margaret.*—E. F. Hall, K. L. M. Nankivell, C. M. Reynolds, I. M. Saker, E. F. Stephenson, E. M. Swallow.

*Aston Union Workhouse.*—A. K. Harding, M. Myring, M. Wilkins.

*Birkenhead Maternity Hospital.*—F. K. Cartwright, A. Charteris, M. Perkins, B. Povall, M. A. T. Spradbery.

*Birmingham Maternity Hospital.*—K. Bradley, M. D. Dec, E. J. Dodgson, G. Glenn, A. S. Goodwin, L. M. Hadley, L. J. Hannay, M. J. Holt, J. B. Lash, A. H. Mackenzie, E. Pugh, M. Vernon.

*Birmingham Workhouse Infirmary.*—G. N. Davis, H. E. Thompson.

*Bradford Union Hospital.*—S. J. Beaumont, B. E. Milsom, A. B. E. Wadsworth.

*Brentford Union Infirmary.*—K. Slater.

*Brighton and Hove Hospital for Women.*—E. W. Butler, E. R. Dennys, A. F. Jackson, A. G. Palmer, M. Patterson, L. A. Pollard, E. Robinson, G. M. Smith, O. M. Williams.

*Bristol Eastville Workhouse.*—C. L. Parker.

*Bristol General Hospital.*—B. W. Brice, E. F. Dimond, A. J. Johnstone, M. E. M. Lansdowne, E. J. Tilley.

*Bristol Royal Infirmary.*—D. K. Beswetherick, A. Hall, L. M. Herrenberg, E. T. Stowell, D. M. Wood.

*Cheltenham District Nursing Association.*—N. A. Brice, E. M. Jones, E. Newton, S. J. Wood.

*Chester Benevolent Institution.*—M. Carr, M. C. Thomson.

*Derby, Royal Derby Nursing Association.*—R. E. Atthill, A. Breeden, A. Ingram, S. A. Parkes, M. J. Shenton, M. J. Slaney, M. Turnbull.

*Devon and Cornwall Training School for Nurses.*—M. Glynn, L. Hocking, M. Lang, A. D. May, A. M. Richards, B. E. M. White.

*Dewsbury Union Workhouse.*—A. Allatt, A. M. Donnelly, E. Inness.

*Gloucester District Nursing Society.*—L. M. Mooney.

*Hull Lying-in Charity.*—A. Moore, H. M. Priestman.

*Hull Workhouse.*—F. Hood.

*Kingston-on-Thames Union Infirmary.*—E. Owen, C. Webb.

*King's Norton Union Infirmary.*—A. E. Dowkes, A. A. Finan, A. E. Rollins.

*Leeds Maternity Hospital.*—R. Breward, A.

Broughton, N. Browne, M. Halliday, S. E. Harrison, L. Jones, E. G. Morgan, M. A. Waterworth.

*Lecds Union Infirmary*.—S. M. Clarke, E. E. Jenkinson, E. E. Kaye, M. J. Pritchard.

*Leicester Maternity Hospital*.—M. Harrison.

*Leicester, North Evington Infirmary*.—E. L. Anderson.

*Liverpool Maternity Hospital*.—M. Appleyard, J. W. Brown, F. E. Chell, M. Deakin, E. Dickinson, E. M. Emmons, M. Macintyre, L. G. McKinlay, L. E. Marston, A. Mooney, E. M. Nicholas, E. Nicholson, M. Pollard, R. Rigby, A. G. Robbins, M. E. Walter, E. M. Zimmermann.

*Liverpool Workhouse Hospital*.—H. A. G. Bailey, E. Fullaway, A. F. G. R. Harris, M. McCausland, C. E. Salmon.

*Manchester, St. Mary's Hospital*.—E. Beaumont, A. Bowers, S. E. Brennan, M. Buchanan, E. Chaffer, E. H. Cochran, S. Edge, M. A. Fielding, A. A. Hawley, V. M. Leech, A. S. Leigh, J. Owen, J. Rose, B. M. Scott, M. Sellers, E. Stretch, E. Watkins.

*Manchester, Township of South Manchester Hospitals*.—A. McKenna, M. E. Shiel.

*Manchester Workhouse Infirmary*.—R. Kirby.

*Monmouthshire Training Centre*.—R. Blundell, M. Carey, E. Jones, R. Jones, C. Kershaw, J. C. Powell, S. J. Pritchard, G. M. Smith.

*Newcastle-on-Tyne Maternity Hospital*.—R. M. Clark, F. G. M. Foster, M. S. Jackson, C. L. Kyles, E. M. Lambton, E. Rogerson.

*Sheffield, Jessop Hospital*.—J. S. Gilmour, J. A. Haworth, A. E. Rouse, F. Sanderson.

*Sheffield Union Hospital*.—J. Kirkup.

*Southampton Union Infirmary*.—H. M. Raine.

*Stockport Union Hospital*.—L. Parrish, E. Staveley.

*Walton, West Derby Union Infirmary*.—E. V. Bly, E. Haslam, H. A. Partridge, M. Thomas.

*Windsor, H.R.H. Princess Christian's Maternity Home*.—M. G. Cooper.

*Wolverhampton Union Infirmary*.—F. M. Williams.

*Wolverhampton, Q.I.N.I.*—F. Currier, L. Lilley.

*York Maternity Hospital*.—A. H. Johnson, E. Leng.

*York Union Hospital*.—E. Severs.

#### WALES.

*Cardiff, Q.I.J.N.I.*—S. A. George, C. Jones.  
*Cardiff Union Hospital*.—B. R. Latham.

#### SCOTLAND.

*Aberdeen Maternity Hospital*.—M. J. McDonald, C. M. Robertson.

*Dundee Maternity Hospital*.—E. S. McMurtrie, J. S. H. Niccol.

*Edinburgh Royal Maternity Hospital*.—E. Alderson, M. G. Jenkins, M. R. S. Richardson, J. M. Rintoul.

*Glasgow Maternity Hospital*.—E. Alder, E. J. Clark, O. Gordon, H. Kelly, N. McIver, E. C. McNaught, M. McNay, M. M. McRae, A. C. Ross, M. Stewart, J. Watt.

*Glasgow, Eastern District Hospital*.—J. Johnstone.

*Glasgow, Western District Hospital*.—C. M. Jeffrey.

#### IRELAND.

*Belfast Union Maternity Hospital*.—A. Coburn, M. Erwin, M. A. S. Esler, R. A. McKevitt, S. Morrow, L. R. Ramsay.

*Curragh Camp Military Families Hospital*.—J. Morrissey.

*Dublin, Rotunda Hospital*.—L. Boardley, E. J. Boyd, H. Burton, M. E. Burton, E. T. Chisholm, M. Early, A. Kelliher, M. J. M. Petrie, R. L. Van Zyl.

#### PRIVATE TUITION AND INSTITUTIONS.

L. Caroline Allpress-Everitt, Alice A. Arthur, A. G. Barnes, D. Clarkson, A. Coleby, S. E. Crabtree, A. G. Cross, A. M. Cunningham, G. I. Duff, E. Dyson, G. Dyson, E. A. Greenhalf, C. E. Haselden, M. Joule, R. Lambert, M. M. Lewis, G. Lockett, A. L. Longson, M. M. Mullington, M. Paterson, M. Rigby, M. A. Rogers, C. M. Salt, N. E. Wellman.

#### PRIVATE TUITION.

Edith K. Atkinson, Marion Auld, A. M. Barratt, S. Bate, M. J. Beattie, E. M. Beed, M. J. Bray, E. Bretschneider, A. W. Buckley, E. Bushill, E. Campbell, M. E. Carnall, Z. Carsley, M. M. Chapman, S. Clarke, M. R. Clifford, A. E. Cooper, S. Crone, M. J. M. Crouch, E. Crow, S. Crump, C. Darge, Z. Davies, A. Duggin, A. Evison, C. S. H. Fitzmayer, A. A. Foulkes, E. Foxall, E. Gill, A. P. Goodchild, A. Griffith, M. E. Griffiths, J. M. Gunn, K. M. Gwilliam, S. J. Hardiman, H. Haywood, L. M. Hilton, K. Holden, E. E. Hollyman, M. Hope, M. Hoyle, E. J. Hull, C. L. Hutchinson, E. Ibbertson, E. L. Insall, E. James, E. E. Jenkins, M. J. Johnston, B. L. Jones, E. Jupp, A. M. McHugh, A. Mackay, T. Mansfield, E. M. Martin, L. D. M. Matthews, E. M. Miller, E. F. Morgan, L. C. Moxon, E. Mutton, R. F. Nightingale, A. J. Nowland, M. Power, C. M. Reaney, F. L. Richards, M. B. H. Robertson, E. A. Rushton, H. Salmon, F. Scrivens, S. Shaw, M. Smith, N. E. Smith, M. M. Spain, M. P. Thomas, M. E. Thorpe, K. Tustin, C. M. C. Tyrrell, E. M. Upton, M. W. Vooght, N. Williams, M. E. Withers, M. J. Woodman, E. A. Woodward, L. A. Woone.

#### FORTHCOMING FIXTURES.

The following are the dates fixed for forthcoming events in connection with the Central Midwives' Board :—

Monthly Meeting, March 14th.

Penal Cases Board, March 27th and 28th.

Next written Examination in London, April 29th. The oral examination follows a few days later.



## ASSOCIATION FOR PROMOTING THE TRAINING AND SUPPLY OF MIDWIVES.

The eighth Annual Meeting of this most useful association was held in the Caxton Hall, on the afternoon of February 29th.

No time was wasted over the somewhat lengthy agenda, each item being dealt with in a prompt and business-like manner, which fact elicited from the Chairman, Mr. Cosmo Bonsor, duly appreciated praise. We should like to observe *en passant* that women's meetings usually are of this character.

The minutes of the last meeting having been taken as read, the re-election of the officers and the election of two new members was moved by the Chairman and seconded by Sir George Fordham. The latter referred to the work of the association as an important factor in stimulating public thought in the country, and as having indirect influence upon medical inspection of schools, school nurses, and, indeed, all nursing.

The Duchess of Montrose, who moved the re-election of the Executive, Finance and Advisory Committees, said that the successful work of the association had amply proved the need of it. Among its splendid results, she rightly placed the reduction of infant mortality first; and secondly, the lessening of cases of blindness. Her remark that only superior and intelligent women should be trained as midwives was, naturally, applauded. It was greatly to be deplored, she continued, that the Midwives' Act did not extend to Scotland; nevertheless, in spite of this strange omission, great progress had been made by our sisters over the border, and good work was being done.

Mrs. von Glehn, a member of the Council, spoke of the "dark era" that preceded the coming of the trained midwife in a little village in the West Country. About the details of that "dark era" she significantly refrained from speaking; she left the contrast between light and darkness to our vivid imaginations!

After the adoption of the Annual Report had been moved and seconded, Miss Lucy Robinson gave an account of the work done at the East Ham Training Home, which was started by the association, maintenance of which is one of its objects. Out of the seventeen who sat for the examinations of the Central Midwives' Board, sixteen passed at the first attempt. The one who failed was successful at the next examination. As many of the women were very illiterate, this was a very gratifying fact, as was also the announcement that not a single maternal death had occurred during the year.

Dr. F. E. Fremantle, M.O.H. for Hertfordshire, gave an address on the National Insurance Act, and ended on an optimistic note. He considered that better times were coming for midwives and district nurses, as their position would be more assured under the Act.

After a vote of thanks to Mr. Cosmo Bonsor and Dr. Fremantle, the business terminated.

B. K.

## NATIONAL ASSOCIATION OF MIDWIVES.

The secretaries of the Manchester and Blackburn branches of the National Association of Midwives arranged a meeting at Preston on March 5th with the object of forming a branch in that town and district, where there are 54 working midwives. Active work is also going on in Blackburn.

## UNION OF MIDWIVES.

THE Whist Drive kindly arranged by Mrs. Rowden, one of the committee of the Union of Midwives, and held at her residence, the Pemberton Nursing Institute, 36, St. John's Park, Highgate, proved a great success, financially as well as socially.

There were sixty persons present, and twelve prizes, all of which were presented by friends of Mrs. Rowden, and were distributed as follows:—

### LADIES.

First prize, silver backed hand mirror, Mrs. Hughes—score, 175.

Second prize, silver-mounted umbrella, Mrs. Smith—score 173.

Third prize, rose bowl, Mrs. Pendrill—score 168.

Second half highest score, trinket box, Miss E. M. Betles—score, 91.

Mystery prize, silk hand-worked blotter, Nurse McCracken.

Booby prize, Black Cat candlestick, Nurse Williams.

### GENTLEMEN.

First prize, shaving mirror, Mr. Loveday—score, 172.

Second prize, hall brush set, Mr. Kurz—score 170

Third prize, brass inkstand, Mr. Holloway—score, 167.

First half highest score, cigarette-box, Mr. Plant—score, 95.

Mystery prize, golf cap and collar, Mr. Sargent.

Booby prize, toy revolver, Mr. Ewen.

## BELFAST MATERNITY HOSPITAL.

Mr. George Herbert Ewart, J.P., presided at the 118th Annual Meeting of the Incorporated Belfast Maternity Hospital last week. The report, was presented by Mr. William Leslie, in the absence of Mrs. Deacon, the Secretary, who was absent, through illness, for the first time for many years. In the intern department there were 567 patients, and in the extern 556, to whom 3,284 visits were paid.

Mrs. Dobbs, of Castle Dobbs, reminded the audience that the primary object of the hospital was the "Treatment and benefit of necessitous women of all denominations in their confinements. If to more favoured mothers the period of rest was so beneficial, and in so many cases, especially among society women, so necessary, what must it be to women who were not only the "loaf-givers, but often the bread-earners, and who but for the kindness to each other, which was so wonderful amongst the poor themselves, would have but little cessation from work and none from anxiety."

# THE BRITISH JOURNAL OF NURSING

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**THE NURSING RECORD**  
EDITED BY MRS BEDFORD FENWICK

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SATURDAY, MARCH 16, 1912.

Vol. XLVIII

## EDITORIAL.

### NURSES' SALARIES.

The question of nurses' salaries is one of importance, not only to those who earn them, but to the public at large; for if salaries are insufficient, and nurses constantly careworn about ways and means, it is impossible for them to give their best work to the sick public, who are therefore the ultimate sufferers. The *Lancet* in a leading article in its last issue on the "National Insurance Act and the Modern Interpretation of the Hippocratic Oath," claims, in the words of the late gifted President of the Royal College of Surgeons of England, that the medical man has three duties, "his duty to his patient, his duty to his profession, and his duty to himself," and in the last-mentioned item may certainly be included the duty of securing a sufficient income. Our contemporary points out further, that "it was allowed in the House of Commons in words, that no man of ordinary capacity can do his duty to the sick under the continued pressure of sordid cares; and hence that a proper remuneration of the medical profession, as a body, is essential to a complete utilization of their powers as guardians either of private or of public health."

The same argument applies with equal force to nurses. If the salaries paid to them are so small that they are "under the continued pressure of sordid cares," they cannot give their best energies to their daily work. This specially applies to nurses holding single posts, who are endeavouring to live on inadequate salaries.

Probationers and nurses in hospitals, if their salaries are small, at least are assured of house room, attendance, food, washing, fires, lights, and uniform. The nurse living on a small income learns by bitter experience the cost of all these things which she has been apt to take as a matter of course.

She finds the problem of rooms and attendance—especially in or near London—one of the most acute. High prices are asked and obtained even for dingy and sordid furnished lodgings, with most inadequate attendance; her food is ill cooked, its cost seems out of all proportion to its quantity; and, coupled with the worry of making ends meet, digestion and temper suffer in consequence. It is therefore not surprising that many nurses, who have tried both, prefer a moderate salary in an institution, with substantial emoluments, to one of £80 to £100 per annum, on which the cost of living leaves a very slender margin after out-of-pocket expenses have been defrayed. Yet, even in institutions, trained nurses are often ill-paid; we say trained advisedly, for the nurse in training is probably one of the best paid workers in the community. She receives frequently a salary of from £8 to £20 a year and emoluments while still in her apprenticeship, while a very usual salary for a ward sister, whose duties are most responsible and exacting, is £35. For this she is expected to take the responsible charge of 30 to 40 acute cases, to supervise and direct the work of the nurses and domestic staff in the ward, to receive and be responsible that the doctors' orders are carried out with minute accuracy, to interview the patients' friends, and to keep everything in a high state of efficiency. There is no doubt that the salary she receives is in no way commensurate with the work she performs.

The two classes of Nurses amongst the rank and file who are most adequately remunerated are probably private nurses who receive their own fees after the expenses of working a well-managed society have been paid, and the members of Queen Alexandra's Imperial Military Nursing Service, in which Staff Nurses begin with a salary of £40 increasing to £45, and Sisters at £50 increasing to £65, besides receiving pensions on retiring.



## MEDICAL MATTERS.

## SALVARSAN.

Miss Elisabeth Robinson Scovil writes as follows on Salvarsan in the *American Journal of Nursing* :—

Syphilis is perhaps the most dread disease known, certainly one of the most far-reaching in its consequences. Not only the victim himself suffers; he may communicate it to his wife and children.

The germ that causes the disease had been isolated, *Spirochæta pallida*, it remained to find a drug that would destroy the micro-organism without injuring the patient. Mercury had been found efficacious if persevered with, but a more speedy remedy was desired.

Uhlenhuth, a German experimenter, had discovered that atoxyl permanently cured syphilis in rabbits, but its effect on man was so dangerous it could not safely be used in medicine.

Dr. Paul Ehrlich, director the Royal Institute for Experimental Therapeutics at Frankfurt, Germany, with the help of several assistants, began a series of experiments to discover a preparation of arsenic that would be as effective as atoxyl in destroying the germ and at the same time less injurious to the patient.

After long investigation he discovered a chemical compound, with arsenic as its base, which seemed to fulfil the requirement. Its descriptive name is dioxymidoarsenobenzol; this being rather unwieldy for common use, it was at first known as 606, from the number of experiment in which it was discovered, and later, as salvarsan.

It is a light-yellow powder, and is dispensed in sealed glass capsules, free from air but containing the vapor of wood alcohol to keep it from oxidation. It dissolves in water. There are various methods of preparing it for use. Sometimes an alkali is added which is neutralized by an appropriate acid and the neutral mixture used. Sometimes the neutral base is suspended in paraffin or other oil.

It is given hypodermically and injected either intramuscularly, subcutaneously or intravenously. The insertion is always accompanied and succeeded by pain, sometimes so intense as to require the use of morphia for several days. When it is injected into the muscle, or under the skin, there is infiltration and induration; when directly into a vein there are no local symptoms, but sometimes headache and gastro-intestinal disturbance. After the administration in any form there is often nausea,

vomiting and diarrhœa. When the intramuscular route is chosen, the salvarsan is usually injected into the gluteal region. The intravenous method produces the most rapid effect, and gives less discomfort to the patient.

Salvarsan acts with great rapidity on lesions of the mucous membrane, and it is of decided value in obstinate cases of syphilis appearing in the palms of the hands and soles of the feet. The latter cases do not as a rule yield good results when treated with mercury.

One case is reported in which a plantar sore of some extent disappeared after one intramuscular injection. It had existed for twelve years, and had been treated with mercury by several competent physicians. In another case a syphilitic eruption of the palms cleared up in one week after an intravenous injection.

Two observers who report a series of cases treated at the Johns Hopkins Hospital say: "Of the seventy cases treated, those in the primary stage, with chancres of from one to three weeks' duration, give the best results. Only one dose was given in each case, and the sore healed promptly. The results to date in this class of cases have been particularly gratifying, inasmuch as no further manifestation of the disease has appeared, although periods of from two to five months have elapsed since treatment.

"Another group of cases in which results seem to be very satisfactory is that in which the patients have received the drug following a vigorous course of mercury for periods of from a few months to a year, with the disease under control at the time. None of the cases in this group has so far recurred clinically, and in all that we have been able to follow serologically the Wasserman reaction has remained negative. Some of the cases have been under observation now for six months.

"Cases with active secondary or florid syphilis, however, although all of the lesions and clinical manifestations have promptly disappeared following the treatment, and in many cases the Wasserman reaction has become negative, almost invariably recur at a later date.

"In cases with the late recurring secondary and tertiary lesions, or in which more or less diffuse syphilitic processes are present in the body, an absolute eradication of the disease with one or more doses of the drug can scarcely be expected. In none of our cases of this type have we been able to accomplish permanent results with salvarsan alone, although a marked beneficial effect on the lesions has almost always been observed.



"In six cases which were followed in order to observe the effect on the *Spirochaeta pallida* in open lesions, the organisms were seen to disappear in from five to twelve hours."

The consensus of opinion seems to be that the drug is invaluable for the treatment of patients who cannot tolerate mercury. In any case it should be given in combination with other drugs, except where it is contra-indicated. It kills the specific organism in the tissues more rapidly than mercury does, but may with advantage be followed by a course of mercurial treatment when this can be borne.

The use of salvarsan is contra-indicated when there is severe cerebral disease, cardiac affections and arteriosclerosis. It is said that it should not be used when diabetes is present, nor in any condition in which the body is much enfeebled.

Its effect on the optic nerve was feared, as different arsenical preparations have caused amaurosis, and it has been found not to be entirely free from injurious influence on the nerves in the orbit. This, however, seems to be rarer than might have been expected, and there is a question whether the affection was not due to syphilis, or to some previous treatment with arsenic in another form.

One physician in reporting its use says, "While attention was fixed on the eye the ear seems to have suffered, as since the introduction of salvarsan an unusual number of troubles with the vestibular apparatus have been observed in early syphilis. It would seem that the arsenic in salvarsan acts true to its kind, and we cannot entirely escape the predilection of this metal for nervous tissue."

The intolerable pain sometimes experienced when salvarsan is introduced into the system shows that the arsenic is acting on the nerves.

It seems to possess the tonic effect of other forms of arsenic, many who have employed it testifying that their patients have gained in weight, strength, appetite, and general well-being under its use.

Salvarsan has now been in use for more than a year, and it is interesting to note some of the conclusions that have been arrived at concerning it.

One observer says, "Salvarsan in its present form can never become a popular remedy. Paul Ehrlich, however, is so ingenious that any day he may invent a modification that will be more easily administered and be even less toxic."

"The intravenous method of administering it constitutes a surgical operation demanding skill, intelligent care and the strictest anti-

septics," since salvarsan itself is not an antiseptic. The solution must be made with extreme care and must be perfect. It cannot be given by the mouth.

In giving it intramuscularly there is sometimes induration at the point of entry which causes much inconvenience. In one case the accumulation had to be cut out and 80 per cent. of the drug that had been injected remained unabsorbed and was removed.

It has been observed to have no disturbing effect in pregnancy.

In the most pathetic cases of syphilitic infection, the hereditary, it is conceded that the infant should nurse a mother who has been treated with salvarsan or a syphilitic nurse who has received it.

The child may be fed with the milk of a goat which has had an injection of salvarsan, or of a cow that has been similarly treated. It is suggested that the arsenic may undergo some modification in the body of the animal that renders it harmless to the child.

In some forms of syphilis the injections have entirely relieved patients who were suffering agonizing pain.

One observer says: "Whether or not salvarsan will cure syphilis remains to be seen, but it must be admitted that it will do some things that mercury will not do, and therefore must have a place in our therapeutics."

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## MODERN METHODS OF TREATMENT AND THE NURSING PROFESSION.

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### RADIUM RAYS AND RADIUM EMANATION.

The advancement of modern science places an additional burden on the shoulders of the nurse by requiring her to keep herself informed of such new methods of treatment as are continually being introduced. Not only has she to be acquainted with the more intimate details of her profession, but she has to possess also something more than a superficial acquaintance with such remedial agents as the X-rays, radiant heat, ionic medication, and treatment by means of both radium rays and radium emanation.

There are potentialities about radium treatment that are becoming daily revealed. For enlarged glands, pruritus, certain forms of malignant growths, angiomas, and many other diseased conditions radium rays have proved of decided efficacy, whilst the emanation (or gas), as His has shown, when breathed into the lungs

and hence absorbed into the blood stream, hinders the conversion of the soluble form of sodium urate into the insoluble, hence enabling the ready excretion of the uratic salt from the system to occur. For this reason appropriate radium medication is of the utmost service in gout and allied conditions, in which the transformation of one form of sodium urate into the other rapidly takes place.

One striking result of the action of radium on the organism appears to be the large increase in the number of red blood corpuscles it produces. Experiments which have been made by Dominici, Petet, and Jaboin seem to show the blood serum of animals who have had radium sulphate injected into the venous system has the property of arresting the pathogenic processes arising from the presence of micro-organisms in the human or animal frame.

That radium probably plays an important part physiologically is indicated by the investigations of Dr. Caan, of Heidelberg, who found it to exist in the brain, lungs, and liver, together with his observation that the more diseased an organ was, the greater appeared to be its tendency to absorb radium energy.

So the curtain is gradually being withdrawn, opening out a vista of the usefulness of radium, and even almost of its necessity, that awakens more and more astonishment at its marvellous properties. The nursing profession cannot afford to remain in ignorance of those qualities of radium which adapt it so peculiarly to therapeutic use, or of the essentials of treatment, and probably no better opportunity arises for acquiring this knowledge than that which will be given at the forthcoming Nursing and Midwifery Exhibition and Conference, whereat a radium room will be a particular attraction, designed as it will be to illustrate the wonderful nature of radium and its use medicinally. An apparatus which has been used with marked success on the Continent will be a feature. This—the radium emanatorium—is designed expressly for diffusing into the air radium emanation.

Any nurse may obtain tickets for the Exhibition and railway tickets by applying to the Secretary, 22-24, Great Portland Street, London, W., and enclosing 3d. in stamps.

### THE NURSES' REGISTRATION BILL.

The Nurses' Registration Bill, supported by the Central Committee for the State Registration of Trained Nurses, was introduced into the House of Commons on Wednesday afternoon by the Right Hon. R. C. Munro-Ferguson, M.P.

## OUR PRIZE COMPETITION.

DESCRIBE WHAT PERSONAL PRECAUTIONS YOU WOULD TAKE BEFORE PASSING ON TO ANOTHER CASE AFTER ATTENDING A CASE OF INFECTIOUS DISEASE AS A PRIVATE NURSE.

We have pleasure in awarding the Prize this week to Miss A. M. Ashdown, 11, Manvers Street, Bath, for her paper on the above subject.

### PRIZE PAPER.

Having prepared my room for fumigation with formalin and spread out all my clothing and effects so that the fumes would penetrate, I should undress, leaving all hairpins and combs soaking in carbolic lotion 1-20, and put on a washable dressing-gown or sheet; then close the room, having started the fumigation. I should then retire to the bathroom, and place the sheet or gown in a small tub containing sol. carbolic 1-20. I should then thoroughly shampoo my hair and have a hot bath, using plenty of Wright's coal tar soap, paying special attention to nails (which I should previously have cut as short as possible), ears, and nostrils. I should then place the flannel and nailbrush in the tub in 1-20, and proceed to carbolize the bath and floor around with carbolic 1-20. I should then clean my teeth (placing the toothbrush in the tub afterwards), and gargle and rinse out my mouth with a solution of carbolic 1-80, then swab out ears and nostrils with carbolic 1-60. Next I should rinse my hair well in carbolic 1-60, and wash my body with the same strength solution, using a clean flannel. I should then have another hot bath (using fresh soap and flannel), rinse my hair in clean water, and dry on towels which I should have had placed outside the door with clean sheet and slippers. I should then dress in a room in which no infected person or thing had been, putting on clean clothes which had not been in my room or the patient's. After my effects had been disinfected I should send all soiled clothes to the wash and repack the others. While in quarantine I should spend as long as possible in the fresh air. Before going to my next case I should take another disinfectant bath and wear clean clothes, and take a formamint tablet twice a day.

### HONOURABLE MENTION.

The following competitors receive honourable mention: Miss M. Hughes and Miss E. Marshall (London), Miss McDonnell (Glasgow).

Miss Marshall draws attention to the fact that "disinfection *must* be carefully carried out



before leaving the patient's house, otherwise it is unsafe to mingle with the public. Evidence proving that an infectious disease has been conveyed by negligence is a very serious matter; damages can be claimed, or, in case of death being due to such carelessness, the person conveying infection can be charged with manslaughter. Every nurse should be acquainted with the notifiable diseases—smallpox, scarlet fever, diphtheria, membranous croup, puerperal fevers, cholera, erysipelas, typhus, typhoid. Measles, German measles, mumps, whooping cough, chicken-pox, spotted fever and several others have recently been added, such as septic conditions of the genital tract."

Miss McDonnell points out that it is important, and sometimes overlooked by nurses, that the disinfecting bath should include sponging with a disinfectant of a definite strength. To take a bath to which a disinfectant has been added, making a solution of an unknown strength, but in any case very weak, is simply to give a false sense of security.

#### EDITORIAL COMMENT.

No one has mentioned the important point that the nurse on leaving an infectious case should go into quarantine until the incubation period of the infectious disease which she has been attending is over. Although it may be unlikely that she should develop the disease, yet the possibility exists, and she would rightly be blamed if she undertook another case and was attacked in a private house, in which illness was already present, with a serious infectious complaint.

For this reason it is customary for private nursing co-operations and institutions to charge a disinfecting fee, to cover the expenses of the nurse while abstaining from work in the public interest. While the fee charged does not compensate her for those she would be earning if at work, being calculated to do little more than defray the expense of board and lodging, the higher fees earned while nursing an infectious case must be taken into consideration.

After attending a case of puerperal fever the Central Midwives Board has laid down the rule that the period of quarantine should not be longer than that which suffices for the thorough disinfection of the midwife, and the same, of course, applies to nurses. The Board mentions 24 hours as the usual period.

#### QUESTION FOR NEXT WEEK.

How would you care for the dead, in a hospital, from the hour of death until the corpse is removed from the mortuary?

### THE TRAINED WOMEN NURSES' FRIENDLY SOCIETY COMMITTEE.

A Meeting of the Committee was held on March 9th, at 431, Oxford Street, London, W. Mrs. Bedford Fenwick was in the chair, and fourteen members of the Committee attended, including the Hon. Organizing Secretary, Miss Mollett, and the Hon. Treasurer, Miss M. Breay. It was reported that the following ladies had already consented to form the Committee:—Mrs. Bedford Fenwick, Miss Cox-Davies, Miss B. Cutler, Miss Mollett, Miss E. B. Kingsford, and Miss M. S. Riddell, general hospital nurses; Miss Barton, Miss Elma Smith, Miss A. Smith, Poor Law nurses; Miss Amy Hughes, Miss Böge, Miss Marsters, district nurses; Miss L. A. Morgan, fever nurses; Miss S. Cartwright, Miss E. M. Waind, Miss Fowler, and Miss B. Kent, private nurses; Miss H. L. Pearse, school nurses; Miss E. L. C. Eden, and Miss I. C. Keogh, President Irish Nurses' Association. Miss Heather-Bigg, it was to be regretted, was too ill to attend to any business at present. A sum of £44 13s. 6d. has been donated or promised for preliminary expenses, but not a penny had been received in response to the public appeal.

Miss Mollett presented an outline of draft suggestions for the organization of a Sick Nurses' Friendly Society, which was discussed clause by clause, amended, and adopted.

Upon the suggestion of the Chairman the words "United Kingdom" were added to the title, as in reply to inquiry from the National Health Insurance Joint Committee it was stated that "it was quite open to an Approved Society to admit Scottish, Irish, and Welsh nurses for the purposes of the Act. The Act does, however, require that the members of a Society resident in England, Scotland, Ireland, and Wales respectively shall be treated for the purposes of valuations, surpluses, deficiencies, and transfers as if they formed separate Societies. This means that separate accounts will be required to be kept in respect of the members resident in each such part of the United Kingdom, the contributions of English members being credited to the Society in the English National Insurance Fund; of the Scottish members in the Scottish Fund; and similarly with regard to the Irish and Welsh members; and that the benefits are to be paid out of the separate funds. There is no reason, however, why the Society should not administer the affairs of the whole of the members of the Society in accordance with its existing machinery."



This was agreed to, and it was proposed that while, of course, conforming to the Model Rules for an Approved Society of Women Members only, that the Society should be governed by a General Council for the United Kingdom, which should meet annually; that there should be four National Councils, which should elect four Executive Boards of Management, each with its own office and paid clerical staff in England, Scotland, Ireland, and Wales, according to its requirements.

By this system of decentralization local control would be maintained and personal interest encouraged. It was hoped that these suggestions would meet the approval of the self-governing societies of nurses and others who wished to join the Society.

#### THE BENEFITS.

Besides the general benefits proposed the Committee considered the question of additional benefits.

#### FINANCE.

It was agreed that all funds should be invested in funds either approved by Parliament for Savings Bank Funds, or in trustee or other securities which for the time being have been approved by the Insurance Commissioners.

In this connection there was an interesting discussion, the opinion being expressed that no doubt for interested purposes it was being suggested that women could not manage their own finances. The Chairman drew the attention of the meeting to the fact that the Nurses' Co-operation, which handled nearly £50,000 a year, had always been managed by a Lady Superintendent and a woman secretary; that at the Registered Nurses' Society, Sister Cartwright and her female clerks handled an income of upwards of £10,000 a year, kept the books, and could satisfy the chartered accountant to the uttermost farthing. The Chairman said that societies managed by women were much more economically managed than the majority managed by men, and she hoped the trained nurses of the United Kingdom—who could earn large sums—would for the future determine to control their own savings and the expenditure of them, and not hand them over blindly, as was usually done at present, for others to manage for them. Women were excellent economists, and should resent the imputation of those who were eager to handle their money, that they were too foolish to spend wisely what they had the capacity to earn.

It was arranged that a copy of the Draft Scheme, together with a covering letter, should be sent to Matrons and Superintendents of nurses, and others, asking them to be good

enough to bring the proposed scheme to the notice of the nursing staff. Miss Keogh undertook to place the matter before a meeting of the Irish Nurses' Association, and it was hoped that Scottish Nurses might also form a society which could co-operate with them.

The proceedings were conducted in a most business-like manner throughout, Miss Mollett, Miss Amy Hughes, Miss Waind, Miss Pearse, Miss Böge, Miss Barton, Miss Keogh, and others offering valuable suggestions, and bringing the scheme into practical form, which augured well for the future success of the Society if ultimately approved and established.

### WHAT WE KNOW TO-DAY ABOUT SLEEPING SICKNESS.

The third lecture of the course on sleeping-sickness was delivered by Dr. Sandwith on Thursday, February 15th, at the City of London School, the subject being "What we know to-day about Sleeping-Sickness." The Professor said that the trypanosomes always inhabit the blood of vertebrate animals. Many pathogenic diseases are caused by their presence. They play a terrible part in both human and animal diseases. At least five cattle diseases are due to them. They are always lively, busy, and active, and are much more interesting than the ordinary parasite. They probably enter the blood by the lymph stream, and so through the lymphatic glands. Why they do not at once enter the cerebro-spinal fluid is not known. The fact that a man has trypanosomes in his blood does not make him a source of danger to others, unless the tsetse is present as an intermediate carrier. The spread of sleeping-sickness depends on the insect carrier, in the same way that malaria and yellow fever are conveyed by the mosquito. The disease is peculiar to Africa.

The study of trypanosomes fever is of the greatest importance. At present there are fifteen known species of the tsetse fly, and it is of the first importance that travellers should learn to distinguish between them, in order to be able to drive the palpalis away before it has time to bite.

Two of its distinguishing marks are—(1) when it is at rest the wings are folded scissor fashion, and (2) it has a very prominent proboscis.

It greatly prefers human blood, and may be found nearly a mile from the water in search of it.

The habit of tsetse flies of following humans is extremely dangerous. They will fly to meet a boat or a train. Here they do not, as an ordinary fly, settle on the window, but will hide under the seats. Their chief victims in this connection are women with thin stockings. Women are therefore specially enjoined to wear puttees when travelling in infected regions. The tsetse, however, has been known to bite through khaki trousers.

By the law of natural selection the tsetse prefers the black man to the white, for the probable reason that it is less conspicuous. The white man's fair skin and light clothing are some protection to him.

When once the tsetse becomes infected it remains so for the rest of its life, which may extend over a period of two or three months. The time when it is most active is in the early morning. It gets up with the sun, becomes torpid at midday, and disappears at night. The most dangerous places are near the water supply, at the cross roads, fords, paths under shady trees, and under tents.

The greatest hindrance to the extermination of sleeping-sickness lies in the natives themselves. Their fatalism and want of faith require almost superhuman effort to save them. They have no desire to help themselves. When once the native knows he is infected, he will travel miles to a magician.

One infected person within a fly area may cause the infection and destruction of a whole village.

The natives are by no means unintelligent, and should be told that *the bite of the fly means sleeping-sickness*, and stress should be laid on the protection afforded by clothes.

The concluding lecture of this most interesting and instructive course was illustrated by lantern slides, showing the tsetse and its haunts; also some of its victims, animals and humans, in various stages of the disease. The laboratory at Entebbe; a group of twenty-four out-patients, all doomed; the hospital on the Upper Congo; a maniacal patient, restrained with an old slave yoke; and many other subjects bearing upon this terrible disease. The last of these sad pictures was that of a deserted hut, with a grave in front of it.

Dr. Sandwith concluded with a message of hope for the future, which was not to be looked forward to with horror, but with the conviction that added knowledge would prove the stepping stone for the prevention and cure of sleeping-sickness.

An outbreak of sleeping-sickness often makes it necessary to remove whole villages.

## THE NURSING CONGRESS AT COLOGNE.

Miss Mollett means to limit the party she is kindly arranging to chaperone to the International Nursing Congress to Cologne to 50, so that those who wish to join it had better let her know at an early date, as we hear already of a Matron, two Sisters, and two nurses from one hospital alone who have notified their wish to be of the party. Rose Cottage, Three Cross, Wimborne, is Miss Mollett's home address.

Indeed, Sister Agnes Karll, the President, is held in so much respect by the members of the International Council all over the world that a record gathering is expected at Cologne. This triennial gathering has now become the recognized Parliament of Trained Nurses, and the more who attend the greater benefit will result. At an early date Miss B. Cutler, the Hon. Secretary of the National Council of Nurses in this country, will communicate with societies of nurses, midwives, and masseuses, the constitutions of which do not qualify them for affiliation with a trained nurses' National Association, but whose work is analogous, and therefore between which co-operation is mutually beneficial.

## DELEGATES FROM ITALY.

It is very probable that the Princess Doria and Madame Maraini will represent the Committee of the Regina Elena Nursing School of the Policlinico Hospital at Rome, at the Cologne Congress. Miss Dorothy Snell, the matron—whose work is producing such excellent results—will also attend, the night superintendent, and, it is hoped, an Italian probationer. We shall greatly miss the charming personality of Miss M. A. Turton, who has acted as Hon. Vice-President of the International Council of Nurses in Italy, but Miss Turton will remain on duty during the absence of Miss Snell. Now that the Scuola Convitto has become established Miss Turton would like to hand over the Vice-Presidency to another representative, pending the time when a National Council of Italian Trained Nurses can be formed. The International Council is deeply sensible of the great help which Miss Turton has given in the past.

An advertisement for staff nurses, for holiday duty, and afterwards to increase the number at the Policlinico Hospital at Rome, owing to extension of work, will be found in our advertisement columns.



## QUEEN'S SUPERINTENDENTS IN CONFERENCE.

A Joint Conference of the two Associations of "Queen's" Superintendents in the Northern and Southern Counties of England and Wales was held, by the kind invitation of the Committee of the Leicester and District Nursing Association, at Leicester on Thursday, March 7th. Between 70 and 80 Superintendents and Inspectors were present, including Miss Amy Hughes, General Superintendent, Q.V.J.I.; Miss Macqueen, Nursing Superintendent, England; Miss Lamont, Superintendent of the Irish Branch; and Miss Ellinor Smith, Superintendent for Wales.

The proceedings began with a meeting of welcome at 12 o'clock at the Girls' Guild Hall, Colton Street. The chair was taken by Mr. T. B. Ellis, Chairman of the Leicester District Nursing Association, and amongst others present were the Mayor and Mayoress, Alderman and Mrs. Tollington, Sir William Vincent, Dr. C. Killick Millard (Medical Officer of Health), Mr. and Mrs. C. J. Bond, Mrs. T. Fielding Johnson, Mrs. A. Paget, and Miss Rogers (Matron, Leicester Infirmary). The speakers gave a most kind welcome to the visitors, one and all showing keen appreciation of the work that is being done by Queen's Nurses, and of its possibilities in the future. Very encouraging and hopeful allusions were made to the progress of the work in Leicester, and of the success that is attending efforts to bring about co-operation with the various philanthropic institutions in the town.

After luncheon, at which the Mayor presided, members settled down to the business of the day. Miss Rosalind Paget took the chair, and spoke with great earnestness of the immense importance of district nursing to the country, and of the increased demand for district nurses, that must be met by the supply of the best possible material, a great difficulty in view of the fact that the public were only too willing to be content with something less than the best provided it were cheap. She felt that the fate of district nursing rested largely in the hands of the Superintendents, whose duty it was to instruct the public, to keep alight the sacred flame and carry on the work in accordance with its highest traditions. Interesting and helpful discussions followed the reading of the papers on the agenda. The first, on "The Financial Support of District Nursing Associations," was read by Miss Rogers (Sunderland), and the discussion was opened by Miss Curtis (Hammersmith). The admirable way in which the

working classes are in many towns contributing the major part of the funds for the support of the nurses was the most striking of the facts mentioned. Miss Hardman (Leicester) gave a particularly interesting account of the efficient system of collection adopted in this town. The second paper, contributed by Miss Marsters (Paddington), dealt with "The Nurse's Part in the Tuberculosis Campaign," and gave an account of the scheme first adopted in Edinburgh, which has served as a model in Ireland and elsewhere. One speaker after another testified to their strong conviction that this work is most especially within the scope of Queen's Nurses, and Miss Lamont gave some valuable details of the energetic way in which the campaign is being conducted in Ireland.

After a pleasant tea, Miss Hardman's invitation to visit the charming Nurses' Home in New Walk was gladly accepted, and every one agreed that Queen's Nurses in Leicester have indeed an ideal Home. Mrs. C. J. Bond (Hon. Secretary) afterwards most kindly accompanied a party of the visitors to see something of the Leicester Infirmary, Miss Rogers and her Home Sister taking them into the beautiful wards and over the Nurses' Home. That Leicester is to be congratulated on the completeness and excellence of its arrangements for the care of the sick was the impression carried away by members of the Conference, who voted cordial thanks to the Leicester Committee for their kind hospitality and welcome, especially to Mr. and Mrs. Bond, whose interest in the work of the nurses is untiring.

## CENTRAL LONDON SICK ASYLUM NURSES' LEAGUE (CLEVELAND STREET BRANCH).

On Saturday, March 9th, the C.L.S.A. Nurses' League (Cleveland Street Branch) held a most enjoyable "At Home" in the Board Room, Cleveland Street.

The room was tastefully decorated for the occasion, tea and coffee being served at numerous small tables, round which groups of friends were soon seated, busily engaged in exchanging greetings and discussing reminiscences of old times.

The weather was all that could be desired, and, in spite of dark threats of reduced train services and overcrowded underground railways and all the other terrors of the times we live in, there was a large attendance.

Miss C. B. Leigh, Matron, received many congratulations upon her restoration to health,



many of the members present meeting her for the first time since her recent severe illness.

We were also delighted to see Miss Ethel Tippell looking her usual self after her long and trying indisposition of last year.

Miss Elma Smith arrived later, accompanied by several members of the Hendon Branch, and caused much amusement by her humorous recital of her adventures *en route*, these including a narrow escape of arrest as a suffragette.

During the evening several members of the nursing staff contributed songs and recitations, which were much appreciated.

Considerable disappointment was caused by the unavoidable absence through sudden indisposition of Miss Hathaway, whose spirited recitations have been such an agreeable feature of previous entertainments.

Mr. C. W. Pearson, however, rose to the occasion nobly, and proved a host in himself, giving several of his best selections in excellent style. These included "Sheila" (Haydon Wood), "Lorna" (Newton), "The Trumpeter" (Airlie Dix), etc., etc., and his rendering of Schumann's "Two Grenadiers" was particularly fine. Mrs. Pearson accompanied with her usual taste.

E. M. B.

## THE IRISH NURSES' ASSOCIATION.

Dr. Parsons gave a lecture to the members of the Irish Nurses' Association at 34, St. Stephen's Green, on the 4th inst. His subject was "Some Diseases of the Respiratory Tract." Dr. Parsons brought specimens of the different organs belonging to this tract, and also showed very instructive lantern slides. One thing, the lecturer said, which interested his audience at this particular crisis in public affairs was that miners were particularly healthy, and that, although their lungs were full of coal dust, it did not render them unhealthy. On the other hand, steel cutters had very short lives, as the cuttings from steel which were inhaled destroyed the lungs altogether.

Miss Reed presided, and a hearty vote of thanks, proposed by Miss Branagan and seconded by Miss M. Kearns, was given to Dr. Parsons at the close of the lecture.

Before beginning, Dr. Parsons paid a tribute to the late Mrs. Kildare Treacy, in the course of which he said that this was the first audience of nurses he had addressed since Mrs. Treacy's death, and that he was glad to have this opportunity of telling them how much he had appreciated her work as head of the City of Dublin Nursing Institution.

## APPOINTMENTS.

### MATRONS.

**The Isolation Hospital, Aberdare.**—Miss Mary E. Samuel has been appointed Matron. She was trained at the Swansea General and Eye Hospital, where she has held the position of Night Sister. She has also had experience of private nursing in connection with the Nursing Institute, Shrewsbury, and done Matron's holiday duty at the Cottage Hospital, Ludlow, been Sister-in-Charge at the Borough Hospital, Leicester, and Matron at Margam Isolation Hospital.

**Turner Memorial Hospital, Liverpool.**—Miss A. I. Leigh Clare has been appointed Matron. She was trained at St. Thomas's Hospital, S.E.; and the Victoria Hospital, Chelsea, S.W.; and has held the position of Matron in connection with Sherborne School, and at the Meath Home, Godalming.

**The City Hospital, West Heath, Birmingham.**—Miss Agnes Bywater has been appointed Matron. She was trained at the Royal Southern Hospital, Liverpool, and has held the positions of Charge Nurse at the Royal Victoria Hospital, Bournemouth, Sister at the West Cornwall Hospital, Penzance, and Sister at the Plaistow Fever Hospital.

### NURSE MATRON.

**The Isolation Hospital, Citybehyll, Pontardawe, Glamorganshire.**—Miss Winifred Ellen Thomas has been appointed Nurse Matron. She was trained at the Infirmary, Birmingham, and has held the position of Ward Sister at the Fulham Infirmary, Hammersmith.

### ASSISTANT MATRON.

**Devonshire Hospital, Buxton.**—Miss Mary E. Jones has been appointed Assistant Matron. She was trained at Guy's Hospital, and at the Brompton Hospital for Consumption, and has held the positions of Sister at the Royal Eye Hospital, Manchester, and at the York County Hospital, and of Assistant Matron at the Ecole Belge d'Infirmières, Belgium.

### SISTERS.

**Bethnal Green Infirmary, Cambridge Road, N.E.**—The following ladies have been appointed to the position of Sister:

Miss Catherine Grant, trained at St. Pancras North Infirmary, where she has held the positions of temporary Night and Day Sister. She was also pupil midwife at the Military Families' Hospital, Woolwich.

Miss Amy M. Phillips, trained at the Crumpsall Infirmary, Manchester. She has held the positions of Ward Sister at the Fulham Infirmary; and of Charge Nurse, at the Newton Abbot Isolation Hospital; and was pupil midwife at Kentish Town in connection with the Maternity Charity.

Miss Mabel Windebank, trained at the Bermondsey Infirmary. She has held the position of Staff Nurse at the Camberwell Infirmary; and has done private nursing in Weston-super-Mare.

**The Isolation Hospital, Muswell Hill.**—Miss Julia Agnes Kailofel has been appointed Sister. She was trained at St. Bartholomew's Hospital, Rochester; and has held the position of Sister at the Victoria Jubilee Infirmary, Tynemouth, for nearly three years; and Staff Nurse at the North Eastern Hospital, Tottenham. She is a certificated midwife.

#### NIGHT SISTER.

**Royal Infirmary, Aberdeen.**—Miss Ogg, whose appointment to a position at the Royal Infirmary, Aberdeen, we reported last week, was appointed Night Sister, not Assistant Matron, as then stated.

#### QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

The following lady has been appointed Nursing Sister:—C. H. McCuaig (Feb. 21st).

#### TERRITORIAL FORCE NURSING SERVICE.

The following Matrons resign their appointments:—Miss Irene K. Sumner (Jan. 24th), Miss Margaret Hainsselin (Feb. 16th), Miss Emil M. Wheeler (Feb. 18th), Miss Madeline Hillman, Sister, to be Matron (Feb. 19th).

#### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

*Transfers and Appointments.*—Miss Bertha Ashworth is appointed to Biddulph, Miss Fanny Goodwin to Peterborough, Miss Ann Pinchbeck to Winslow, Miss Mabel Poynton to North Malvern, Miss Mercy Wilmshurst to Southborough, Miss Gedda van den Steyn to Liverpool, Central, and Miss Gwendolen Wellard to Watford, as School Nurse.

#### RESIGNATION.

On account of her health, Miss Hughes, Matron of Portrane Asylum, Donabate, has been compelled to resign her post. For many years Miss Hughes has been in charge of this large Asylum, and it is with great regret that her Board has accepted her resignation. We hope she may enjoy her well earned pension for many years, and that a good rest and freedom from worry may restore her to health and strength.

#### THE NURSE MILITANT.

Amongst those who have taken part in the Militant Suffragists' demonstrations and have been sentenced or await trial in consequence are the following trained nurses:—Miss Elizabeth Finlayson Gould, Matron, 8, Melville Place, Edinburgh; Miss Edith Hudson, of the same address; Miss Florence McFarlane, of Dundee; Miss Ellen Pitfield, of Hackwell Heath, Bucks, all of whom are committed for trial; Miss Agnes Buckton, sentenced to one month's imprisonment, and Miss Olivia Jeffcott, sentenced to two months' imprisonment with hard labour. Considering the atmosphere of repression in which many nurses live they must have been moved by a sense of intolerable injustice before breaking the law.

#### NURSING ECHOES.

Sir Frederick Treves has retired from the Army Medical Advisory Board and from the Nursing Board of Queen Alexandra's Imperial Military Nursing Service, upon both of which he has served since their formation, eleven years ago, as the result of the recommendations of the committees on the reorganisation of the Army Medical Service and the Nursing Service.

It will be remembered that the system of reorganisation adopted was almost identical with the recommendations presented in a Memorandum to the then Secretary of State for War by the Matrons' Council of Great Britain and Ireland—for which, needless to say, it received neither credit nor representation upon the Nursing Board.

It is to be hoped the present vacancy will be filled by a representative of some other hospital than the London Hospital, as it is undesirable that one institution should practically manage the nursing department of a Government Service, especially when its two-year certificate of training undermines the three-years' standard universally adopted in the most efficient nurse-training schools. No such injustice would be permitted for a moment in the Army Medical Service.

The majority of matrons of well-organized training schools complain that there is a great scarcity of probationers of the well-educated type they require, and now the same complaint is being made by Superintendents of County Nursing Associations in regard to the class employed as village nurses. The remedy is to hand; let them work for the passage of the Nurses' Registration Bill, and we believe that great encouragement would be given to earnest, well-educated girls to enter the nursing ranks. The appreciation shown by trained nurses of the status of certified midwife under the Midwives Act proves that women have the sense to discriminate between a well-organized profession in which they have legal status and the unjust conditions which obtain in the nursing world. "I can't keep a housemaid," said a matron recently. "They all leave to enter the London hospitals and infirmaries as probationers!"

When first old-age pensions were granted we called attention to the fact that five shillings a week was not sufficient to maintain an old person in comfort. We were interested to hear the opinion recently of an experienced



Superintendent of district nurses expressed on this question. In her opinion many old people living with others, contributing the five shillings a week, are neglected. They are not kept clean and comfortable, and were it not for the skilled ministrations of the district nurse would be in a sorry plight. In the opinion of this Superintendent, the State might well contribute to the upkeep of the trained nurses' associations which provide help for these old pensioners. At present the State gives an insufficient sum—upon which a pensioner cannot be kept in sanitary surroundings—and the fact remains that if charity does not step in, such persons may become a common danger to the health of the community. An old-age pension, to be of real benefit, should not be less than ten shillings a week, and honest old working men and women well deserve it.

Nurses on the private nursing staff at Guy's Hospital now receive £30 salary the first year of service in the institution, £35 the second, and £40 the third, and the recent report of the institution contains a letter, signed by Miss Mary Hanmer on behalf of the private nurses, thanking the Committee for this increase, and also for the 48 hours' leave which they are to be allowed six times a year on returning from a case before going out to another. Last year the amount paid to the managers for the nurses' services was £11,034, the highest sum yet received.

Speaking at the annual meeting of the Worcester City and County Nursing Association, the Countess of Dudley said that next to the relief of suffering and the preservation of life, the educational side of district nursing was of the greatest possible importance and advantage to the community. A wisely administered and widespread system of district nursing was an agency for safeguarding the public health and raising the physical standard second to none. District nursing was now an Imperial institution; in Canada in the last ten years a far-flung system had covered the Dominion from Nova Scotia to Vancouver, and in Australia also the idea had grown till it was now well established, not only in the large cities, but in the back blocks of the Australian Bush.

Queen's Nurses in Brighton have now entered upon possession of their new home in Wellington Road, which is part of the local memorial to the late King, although the formal opening will not take place for some months.

The Superintendent (Miss Buckle), the Assistant Superintendent, and the maids have their quarters in the main part of the building, where are also the nurses' study, sitting and dining rooms, while the commodious new wing contains eighteen nurses' bedrooms, three bathrooms, and two district rooms. The latter are provided with sterilizing appliances, arrangements for cleaning mackintoshes, well-stocked cupboards which are the pride of the Superintendent, hot-water pipes for drying cloaks, and other up-to-date contrivances which add to the comfort and smooth working of such a home.

Her Excellency the Viscountess Gladstone spoke at a recent public meeting in the City Hall Library, Cape Town, for the King Edward VII. Memorial Fund for the institution of an Order of Nurses in South Africa. The Mayor (Sir Frederick Smith) said that more than a year ago a meeting had been held in the same room to discuss the project. They had then come to no decision, but adjourned the meeting until Lady Gladstone came to address them.

Her Excellency said that of the two suggestions for a memorial, the establishment of tuberculosis sanatoria or of an Order of Nurses, there was a great preponderance of opinion in favour of the latter proposition, and the committee had no choice but to abide by the opinion they had invoked. She explained that Branches of the Order would be established in each of the four Provinces of the Union, which would be placed under the superintendence of Matrons. The nurses, to be placed in districts which guaranteed a certain sum, would receive a fixed salary. Lady Gladstone said that during her two years' residence in South Africa nothing had appealed to her so much as the need for skilled nurses, especially amongst the poor and in the country districts. The Order was not confined to white people as subscribers, or to white nurses. The contributions of coloured people would be used exclusively for the employment and training of coloured nurses, and those of white people for the maintenance of nurses for the white population.

The picture on the following page is one of the popular Matron of the Hendon Infirmary, Miss Elma Smith, and other members of the staff, taken in the costumes in which they appeared at the Nurses' Dickens Party at the Doré



Galleries. Miss Smith appears as Mrs. Lubin, Miss Trueman (the Assistant Matron) as Mrs. Todgers, Sister Bellamy as the Marchioness, and Sister Crook as Mrs. Gummidge.

The Coathill Hospital, Coatbridge, Lanarkshire, seems to be passing through troublous times, and the Town Council recently petitioned the Airdrie Sheriff's Court for the summary ejection of the Matron, Mr. Meynell stating that the Matron had been dismissed but refused to leave. Later four nurses resigned, and their places were filled. Miss

Kelly visited his wife he was told she would not last long. In the face of that he went home without giving any special instructions. The Chairman pointed out that the man was naturally greatly troubled by the intelligence, and probably lost his head and was not in a state to make arrangements. He might have been communicated with, and was not.

If the facts are as stated the hospital authorities are certainly to blame. They should have asked the husband for explicit instructions, and, secondly, on his wife's death it was their duty to at once notify him of the fact. To



THE MARCHIONESS.      MRS. LUBIN.      MRS. GUMMIDGE.      MRS. TODGERS.

Strang, of Glasgow, has been appointed temporary Matron.

An extraordinary case was brought to the notice of the Ballymahon Board of Guardians by the presiding Chairman, Mr. A. Higgins, who stated that a respectable woman, who was sent to St. Vincent's Hospital, Dublin, for treatment by the Guardians, died there, and was buried without the knowledge or consent of the relatives. Her husband had no notification of her death, although he had made preparation, if it took place, to go to Dublin and bring her home for burial. He was expecting news when he heard through a neighbour that his wife was buried. The Clerk read a letter from St. Vincent's Hospital, stating that when

neglect to do so, and to bury her without her husband's knowledge, is inexcusable.

The Irish Matrons gave an "At Home" on Friday evening, in honour of Mrs. Stewart and Miss Maclean, the two Examiners who went from London this year for the Examination of the Incorporated Society of Trained Masseuses. Many matrons and members of the Massage Section of the Irish Nurses' Association and several past pupils went to meet them. After tea, which Mrs. Manning very kindly superintended, a pleasant social evening was spent. Everything was quite informal, and conversation was the "order of the day." Miss Poole was good enough to contribute some delightful music.

## REFLECTIONS.

## FROM A BOARD ROOM MIRROR.

The King has granted his permission for the Cardiff Infirmary to be known henceforth as King Edward VII.'s Hospital, Cardiff. His Majesty has been approached to open the new wing this year. The contributions to the institution during the past year have reached the splendid total of £45,000.

The Queen has sent a number of gifts for the West London Hospital bazaar to be held at Chiswick on May 8th and 9th.

The Lord Mayor will preside at the annual meeting of Governors of the Royal Hospital for Diseases of the Chest, City Road, at the hospital on the afternoon of Tuesday, the 19th inst.

The Lord Mayor, who was accompanied by the Lady Mayoress, presided at the Annual Meeting of the New Hospital for Women. Mrs. Garrett Anderson, M.D., who moved the adoption of the Report, said that the question of questions was whether they did their very utmost at that hospital to train medical women for the work before them. She emphasised the fact that the whole of England rests on London for the supply of medical women, and unless the right use of the hospital was made for this purpose, it was a failure.

This was endorsed by the Lord Mayor, who said that as a medical man he took the deepest interest in hospital work. "Great hospitals and small should open their doors to students, and no hospital should keep its special knowledge to itself, but let it be carried the length and breadth of the world."

The Princess Henry of Battenberg has consented to become a Vice-Patron of the Chelsea Hospital for Women.

On Saturday last the Duchess of Marlborough visited the West Ham and Eastern General Hospital, Stratford, and opened a new medical ward of ten cots for children. Edward's ward, with the new balcony attached, was also reopened. The cost of this, and part of the furnishing of the wards, has been defrayed by the Duchess, and the West Ham Hospital School Teachers' Fund.

The Duchess, accompanied by the Chairman of the Medical Committee, and the Matron, Miss Sordy, afterwards visited the wards, decorated by the nursing staff with choice flowers, and spoke to the patients. The number of beds is now 110.

The annual report of the Committee of Management of the Stockport Infirmary to the trustees

shows that good work has been done during the past year, and it is regrettable that there should be a slight diminution in subscriptions through deaths and other causes, which has not been counter-balanced by the number of new subscribers. The fund raised as a memorial to the late King Edward VII., to provide extended accommodation at the Infirmary, under the auspices of Major Lieut.-Colonel Alan J. Sykes, M.P., has reached the sum of £11,000. It is proposed to proceed at once with the building of a Nurses' Home, and the removal of some 30 nurses from the hospital will increase the accommodation for patients by about 20 beds; and other much-needed improvements will be undertaken later. More financial support for maintenance will then be needed.

The Royal West of England Sanatorium, Weston-super-Mare, of which Miss Edith Mawe is the Hon. Lady Superintendent, is one of the most important and beautiful in the country, and annually receives between 2,000 and 3,000 patients, the majority of whom are sent away either completely cured or greatly improved. The sea-water baths, which have been such a successful feature of the work of the Sanatorium, have been brought thoroughly up-to-date, the whole of the cost (£735) having been collected by Miss Mawe, whose self-sacrificing efforts on behalf of the sick and suffering, are, the committee state, worthy of the highest commendation.

NURSES' SOCIAL UNION EXHIBITION  
AT BRISTOL.

The Health Conference and Exhibition to be held by the Nurses' Social Union in Bristol has been postponed until June 6th, when it will open for a week in the Victoria Rooms, Clifton. The change from the Coliseum (which was originally announced as the place determined upon) was necessitated by the impossibility of procuring a sound-proof lecture room there; and as it is hoped to secure the help of experts on Health questions and eminent scientists this was a *sine qua non*.

The large hall will be given over to exhibits, which will be partly sent by the trade, showing only such articles as are closely connected with health, or nursing, or with the special needs of nurses; partly by the Nurses' Social Union, who are including several novel features in their already unique collection. These will include a model cottage room, fitted up with ingenious expedients; a model larder, showing food hygienically kept, and the reverse; some wax models of special interest to nurses; and some plasticine models for use in teaching First Aid. Local hospitals, District Nursing Associations, Red Cross and Ambulance Associations have promised further exhibits and demonstrations, and Gloucestershire has also undertaken to assist. The co-operation of an enthusiastic body of workers in Bristol has been enlisted.



## THE ASYLUM OFFICERS' SUPER-ANNUATION ACT.

Sir Charles Nicholson has introduced a bill to amend the Asylum Officers' Superannuation Act, 1909. It is backed by Colonel Lockwood, Mr. Crooks, Mr. Millar, Mr. Harris, and Mr. Nannetti.

This bill, must not be confused with the Asylum Officers (Employment, Pensions and Superannuation) Bill, introduced by Viscount Wolmer, which deals with the hours of employment of officers and servants in asylums and proposes to amend the Asylum Officers Superannuation Act, 1909. It is strongly backed, and has been put down for second reading on Friday, April 19th.

[A private deputation, introduced by Viscount Wolmer, recently had an interview with Mr. Ellis Griffith on the subject of the Bill. The Under Secretary of the Home Office promised, on behalf of the Government, favourable consideration to the Bill, especially to that part of it which institutes a maximum seventy hours' week for asylum attendants.

### IZAL.

The Medical Officer of Health of Guildford, in his annual report, discusses the proper and improper use of disinfectants. He declares: "It may be laid down as a safe rule that a disinfectant should only be used for purifying purposes after the resources of the ordinary cleaning processes have been exhausted. In other words, all visible dirt, or possibly infective matter should first be removed before the disinfectant is applied. This is also the most economical method, as much less of the disinfectant is needed under these circumstances. In certain cases it is allowable to add a disinfectant to soap and water for scrubbing purposes, as in the cleaning of floors." In the Sanitary Inspector's Department at Guildford Izal liquid is used and supplied to houses where cases of infectious diseases have occurred, including cases of phthisis. It is also much used for scrubbing floors, walls, and furniture in houses infested with vermin, and the doctor reports that it has been found very efficacious in this respect. This is really a public health matter, as there is no doubt that verminous conditions are prejudicial to health. The only other disinfectant used by the sanitary inspector is Formalin, in the form of tablets or liquids for the disinfection of rooms.

### DAINTY PREPARATIONS.

The dainty preparations of Messrs. Lewis & Burrows, of 146, Holborn Bars, E.C., and supplied under the name of the "Ellanbee" Brand, are very general favourites. Benzoin Soap, Benzoin and Cucumber Cream, Benzoin Skin Food, and Benzoin Foam have only to be known to be appreciated, the soap, at 6d. a tablet, being most delightful. The "Sister" thermometer, which is a speciality of this firm, is also very popular with nurses.

## OUTSIDE THE GATES.

### WOMEN.

On the occasion of the reception at Lady Mount Stephen's on March 6th to the Presidents of the London Needlework Guild, which was honoured by the presence of Her Majesty the Queen, Her Majesty was graciously pleased to send for Miss Menzies, and to congratulate her on her election as Chieftainess of the Menzies Clan. The Queen's love of needlework is giving a great impetus to this delightful art. Nothing could be more beautiful than much of the embroidery exhibited by the Athene Society of Broderers at 26, Grosvenor Square, last week.

Thousands of women all over the world are aghast, though by no means intimidated, at the extreme severity of the sentences passed by magistrates on the militant women suffragists, and most indignant that the mobs of male window smashers, but a sprinkling of whom have been arrested by the police, have been practically let off, without punishment at all! Many of the papers omitted to mention their names and offences. This is quite one of the ugliest aspects of the present turmoil.

"What is wrong with England?" demanded Mrs. Morgan Dockrell at the London Opera House Meeting. Something is very rotten in the State indeed when durance vile, hard labour, and threatened penal servitude is all the use its Government can make of genius. That women like Mrs. Pankhurst, with her supreme organising ability, her daughter Christabel, whose mental acumen is astounding, Mrs. Pethick Lawrence, the beloved "Sister Marion," with twelve years' absolute devotion to the needs of the most miserable and starving of East London's poor, to her credit, Dr. Louisa Garrett Anderson, the brilliant daughter of one of England's greatest women, Dr. Ethel Smyth, the finest of women musical composers, and dozens of other women of equal value to the State, should be driven to demonstrate against their degraded social status by the breach of laws, they have no power to frame, and for which they retain no respect, sounds a note of warning. We claim that what is wrong needs drastic and speedy remedy if the Empire is to stand. Yes the Empire—make no mistake about that. A nation of men who have no respect for the mothers of whose blood and bone they are—presents a most hideous spectacle to the world at large, and one which civilised peoples will not tolerate.

Who can doubt the truth of this who attended the meeting at the London Opera House on March the 7th? To reach the House we passed alone through a mob of howling and obscene men very little controlled by the police, and on leaving the meeting, we faced from the top of the steps a sea of horrible faces—the old, purple, bloated, blear-



eyed—the young, dissolute and passionately distorted. It needed but little imagination to realise the scene from the Paris prisons in those sanguinary September days of 1792, when the innocent prisoners stepped out into gutters of blood—to meet death from the brutalised, drunken mob!

Hundreds of police had been called up to keep these Englishmen—our lordly Law-makers—from assaulting, and tearing the clothes off the backs of decent women! From obscene insult they could not deter them, but to keep them in check at all, the mounted police had to ride them down, pell mell, off the pavement into the gutters, from whence it is to be hoped they sprang.

But did they? The press has asserted that some of the ringleaders were medical students from Guy's and the London Hospitals. We should be sorry to think it possible, but we think the football teams of these two homes of healing owe it to themselves, and to their hospitals, publicly to deny this accusation if it is false, and if they cannot exonerate themselves from this most injurious statement, we consider that Lord Goschen, the Treasurer of Guy's, and the Hon. Sydney Holland, the Chairman of the London Hospital, should institute a searching inquiry into the matter at once.

The daily press has during the past week teemed with matter in reference to this great human question of Votes for Women, which cannot be batted down or ignored, and we could quote columns of apposite criticism if we had space. Suffice it to reprint a few lines of a letter from Mme. Leroux in the *Standard*, in which she says:—

"I have just arrived in John Bull's Island, filled with the romantic ideas we all share about our British allies. Here it is my good or evil fortune to fall into the midst of the Suffragist trouble. What do I see? One of my ideal Englishmen, square-shouldered and tall, shamefully illtreating a lady, tearing her dress and bonnet, and throwing sand over her. I protest. He tells me she has forgotten that she is a woman. I retort that this should not make him forget he is a man, and then I have to be protected by your fine English 'bobbies.'

"I begin to wonder if I am in a civilised country, or *chez les sauvages*! In France every man in the crowd would have rushed to the rescue of the woman, if her sisters had not already torn the offender to ribbons.

"I think that for a free country yours is perhaps the only one where lady political prisoners are condemned to hard labour. I hear that torture in the guise of forcible feeding has also been resorted to, and I wish you to know that such facts have thoroughly converted me. I go back to Paris a full-blown Suffragist, to plead the cause of Englishwomen abroad. To-morrow I will purchase a 'Votes for Women' button, the size of a saucer. Not that this will make any difference to my compatriots. When once I set foot on French soil, I am a woman—sacred and adored by men who worship their mothers."

#### THE SEVENTH MARCHIONESS OF RIVIÈRE.

This sketch will be concluded next week.

## BOOK OF THE WEEK.

MARGARET HARDING.\*

The scene of this engrossing story is laid in South Africa, and racial problems figure largely therein. It is distinctly a book to be read. Clever character study and originality of theme are only among some of its attractions.

Dr. Jakes, when a struggling practitioner, had always visions before his eyes—a "great, quiet house, noble and grey, harbouring within its sober walls the atmosphere of distinguished repose, which goes with a practice of the very highest class." In due course he married and went to South Africa, and, by the time the first baby came, Dr. Jakes was already buying his whiskey by the case. All life is a compromise. Between the dream and the exigencies of Dr. Jakes's position the sanatorium had emerged."

To this place Margaret Harding, who was lungy, came from England for treatment.

Mrs. Jakes is a wonderful piece of drawing, and alone is sufficient to make the story. Always on guard is she to shield her husband's failings and supply his deficiencies.

"Margaret had looked to find at her journey's end a doctor with the marks of a doctor, social adroitness, personal strength, and style. This little man dazed and dumb, standing apart like a child who has been put in a corner, did not realise her expectations. "You have only three patients here now?" she asked Mrs. Jakes.

"At present," answered Mrs. Jakes. "It's a convenient number. The doctor, you see, can give so much more attention than if there was a houseful. Yes, it's really better for everybody. The Karoo doesn't suit him a bit; he's often quite ill, but he won't leave."

"Why?" asked Margaret.

Mrs. Jakes looked serious and pursed her pale lips.

"Duty," she replied. "His life work, you know."

"It's—it's very unselfish of him."

"Yes," said Mrs. Jakes, "it is."

Margaret, ignorant of the prejudices of the country, forms an acquaintance with a Kaffir, who had been educated in England, and had qualified as a doctor. He returned to his native country, franked by the Government, to work among his own people, only to be met with bitter hatred and distrust of his English dress and speech. Among the European settlers of course, his position was far worse, so that he was practically outcast.

"You know, it won't do for you to be seen with me," he said gently. "It won't do at all."

Margaret laughed.

"I think I can bear up against the ill report of the neighbourhood," she said. "My kingdom is not of this particular world."

The Kaffir shook his head.

\*By Percival Gibbon. (Methuen & Co.: London.)

"Do you think I could bear it, if people talked about you for suffering the company of a nigger? You don't know this country. It's a dangerous place for people who go against its prejudices."

How dangerous Margaret found to her cost. Touched with gratitude for her friendly attitude to him, he kissed her hand, and the news of this outrage spread far and wide.

"The doctor and I are much disturbed," said Mrs. Jakes. "Such a thing has never happened here before."

Mr. Samson heaved himself upright.

"It's only ignorance, of course," he said. "The poor little devil don't know what she's letting herself in for. Now she'll always have this story to live with. Poor little bally fool!"

As she herself put it, she receives anonymous letters, pitying smiles, and finally notice to quit.

In spite of this, she meets the Kaffir again in the cover of night.

"This is good-bye, of course?" said the Kaffir, in his low, pleasant tones. "It was my fault. I knew all the time what the end of it would be, and I let it come. There's something mean in a nigger, Miss Harding. I knew it was there well enough, and, now it shows."

"Don't!" said Margaret. "It's been worth while, it really has. You're somebody, and you're doing something great and real, while the people here are only shams like me." She takes leave of him publicly. She meant to say all she had to say, though the ground were covered with eavesdroppers. "Remember," she said, "you must write; and I shall be always glad and proud I knew you. Good-bye and good luck."

We can only recommend our readers to read for themselves this most interesting story. It is not possible in a short space to even allude to more than one aspect of it.

H. H.

### THE MOTHER BOOKS.

Two charming booklets published as numbers 1 and 2 of the series "The Mother Books" have been published by Mr. A. C. Caton, 22, Mount Carmel Chambers, Kensington, London, W. No. 1 "Children: A Märchen," by Dr. Hugo Salus, and No. 2 "Dolls—Dead and Alive," by Otto Ernst. The first (Children) has a foreword by the publisher under a quotation from Dante: "All men by nature desire to know." Mr. Caton writes "My attention was drawn to this little fantasy '*Wo kommen die Kinder her*'—from the pen of an Austrian doctor—by a young German mother, and I am now sending it out into the world in an English dress in the belief that it will appeal to mothers in England too, and with the hope as well that some of them may find it helpful.

"In England even, the feeling is gaining ground that it is a mistake to put children off with silly falsehoods, or to give them the impression that there is something wrong about their natural

curiosity, when they ask questions about a matter of such high and lofty import as the mystery of their birth; that instead of letting them run the risk of acquiring the knowledge in some way that may sully their pure minds for ever, it is far wiser for parents themselves to impart it to them by means of some little tale suited to their mental capacity, and by one that, in all probability, will leave a fragrance behind it which later on may prove a valuable safeguard."

The story of conception is most beautifully conveyed in the tale told by a father to his children, followed by the description of the way in which "a little child begins to grow under your mother's heart. You remember how last year I shewed you a bean that was sprouting in some damp mould, how I told you that the mould supplied it with food to enable it to grow and get strong, and in course of time to become a plant. In just the same way the tiny weeny baby grows under its mother's heart. The mother gives it of her strength, her blood nourishes it, her body keeps it warm, and thus by degrees it grows bigger and bigger. While the mother is going about doing her shopping or busying herself about the house, she is thinking all the time of the dear little child under her heart, and is hoping that it will be pretty and good, and because all her own beautiful thoughts and feelings are concentrated upon the growing life beneath her heart, she bestows upon it some of her own strength, beauty and kindness." Just as delightfully the story of birth is told.

"Dolls—dead and alive" is equally charming. We must not spoil the story by telling it, but the end may be quoted. It runs thus: "Ridiculous people are girls when they play with dolls. And yet, though I laugh so often at their impetuosity, and their enthusiasm and ecstasies of delight often strike me as very comical, in my inmost heart they have a very sacred place. Look at them! In each little face that is wearing such a tender expression as the child gazes down at her dolls, mingled with all the innocence and gaiety, is there not a strange seriousness, too? Round the figure of each little girl who bends lovingly over a doll is the radiant aureole of her future vocation."

### COMING EVENTS.

*March 15th.*—South-Western Polytechnic Institute, Manresa Road, Chelsea, S.W. Presentation of prizes and certificates to students of the Evening Classes and Day College by Sir David Gill, K.C.B., F.R.S. 8 p.m. *Conversazione* following.

*March 16th.*—Irish Nurses' Association. Annual Meeting, 34, St. Stephen's Green, Dublin.

*March 20th.*—Irish Nurses' Association. Lecture: "Massage as Applied to Children," by Dr. Ella Webb. 34, St. Stephen's Green, Dublin, 7.30 p.m.

*March 20th.*—Lecture on "Modified Milk and Its Preparation," by Dr. Ralph Vincent. Infants Hospital, Vincent Square, S.W. 3.30 p.m.



## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

## OUR PRIZE COMPETITIONS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Very many thanks for 5s. cheque received as prize this morning.

Yours very sincerely,

JESSIE M. STEVENS.

Claremont Crescent,  
Weston-super-Mare.

To the Editor of THE BRITISH JOURNAL OF NURSING.

Miss Knipe thanks the BRITISH JOURNAL OF NURSING for cheque (15s.) received this morning, as second prize for Real Life Incidents, and wishes the Journal every success.

Manor Gardens, Holloway, N.

To the Editor of THE BRITISH JOURNAL OF NURSING.

Miss L. E. Jolley acknowledges with many thanks the sum of 10s. 6d., being prize for the Real Incident Competition.

Royal Southern Hospital,  
Liverpool.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Many thanks for cheque for 5s., on account of the Prize Competition.

Yours very truly,

Sherwood,  
Roehampton Vale.

GLADYS TATHAM.

## ENCOURAGEMENT FROM INDIA.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—On Wednesday last I sent my yearly subscription to THE BRITISH JOURNAL OF NURSING, and apologise for it being rather late this year. Again I wish to thank you most heartily for our admirable journal, and for the time and trouble you take to keep it up to date and abreast of the times, and shall, as I always do, try to get more subscribers to it.

Wishing you and our beloved journal the greatest success,

Believe me,

Ever yours most gratefully,

Simla.

L. R. E. SMITH.

[Such letters encourage us very greatly to plough the lonely furrow for Nursing Organisation by the State.—ED.]

## ALL OR NONE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I entirely agree with your correspondent "Certified Midwife" that the

public are entitled to know the names of the midwives who are removed from the Midwives' Roll at penal meetings of the Midwives Board.

It is, of course, conceivable that details of cases may be too bad to print, and that the chairman is wise to ask the press not to publish them, though there I am of opinion that the press in such a case may be trusted to exercise a wise discrimination, but the fact of the removal of a name from the Roll should, in my judgment, never be suppressed. If some names are published all should be.

We all know it is unpleasant for Associations when midwives on their staffs commit offences necessitating their removal, but those who govern such Associations should consider the public welfare, not simply their individual interests. If they did that then they would desire to see the Roll kept pure, and would not wish to hush up wrong-doing just because it affected their own Society.

Perhaps—who knows?—it might have the effect of stimulating committees of lay persons to rely more upon professional advice in the selection of candidates for training, and of midwives employed under their auspices.

I am, Dear madam,

Yours faithfully,

ANOTHER CERTIFIED MIDWIFE.

## REPLIES TO CORRESPONDENTS.

*Probationer, Derby.*—It is impossible for every probationer to receive instruction in massage during her three years' training; but it is always desirable to study this branch subsequently if opportunity offers. In Sweden, in the good training schools, the course extends over two years, and very thorough instruction is given in anatomy. In this country we are satisfied with a three months' course, but it is most desirable that it should be extended.

*District Nurse.*—The aim of both modern medicine and surgery is the prevention as well as the cure of disease. The district nurse has unrivalled opportunities of helping this great work.

*Miss M. T. (London).*—We shall not publish any letters condemning the action of suffragists from those who do not realise the degradation of sex domination. Your disloyal letter is no doubt eminently suitable for publication in the anti-suffrage, anti-registration, quack nursing press. We consider it an insult that it should have been addressed to a journal under our editorship. We have burnt it.

## NOTICE.

If unable to procure THE BRITISH JOURNAL OF NURSING through a newsagent, the manager desires to be informed of the fact. Copies can always be procured through Messrs. Smith & Son, and at the office, 431, Oxford Street, London, W.



# The Midwife.

## MIDWIFERY AND HEREDITY.

Every student of the Science of Midwifery should be seriously interested in the study of Heredity, and it is with a view of stimulating midwives to study this very fascinating and rapidly developing subject that this article is written. It is only possible to lightly touch upon some of the many points and questions which particularly bear a relation to Midwifery.

Never before was there more widespread interest in Heredity. It is only within recent years that an attempt has been made to formulate laws and to suggest hypotheses to account for its phenomena. The rapid advances in the study of biology, bacteriology and pathology have made this possible, but there still abound misleading and unauthenticated generalisations as to its bearing on the issues of individual life. It is only those who seriously study the subject who realise that as yet the facts are meagre, that the modern fates—heredity, function and environment—closely interact and complicate deductions, and that the subtle processes in the development of the germ are still to a large extent wrapt in mystery.

Scientists and philosophers are alike baffled and at variance as to the relative importance of the influence of Heredity upon the human organism.

In the first place it is essential to define what the term means to the biologist; it refers usually to the phenomena of "like begetting like." Thomson puts it thus: "Every living creature arises from a parent or parents more or less like itself. This reproductive relation has a visible material basis in the germinal matter (usually egg-cell and sperm-cell) liberated from the parental body or bodies. By inheritance we mean all the qualities or characters which have their initial seat, their physical basis, in the fertilised egg-cell."

The fertilised human ovum has the potentiality of a new living creature, but it depends on a complex environment whether this potentiality be realised or no. Development and peculiarities due to environment and to nurture are inextricably associated with the hereditary qualities of the germ-plasm. Compare a child with his parents; it is evident that he is at once like and unlike, both a reproduction and

an original. Are the differences inherent in the germ-cells—a hark back to ancestors—or due to environment? Is "race everything," as Disraeli said?—or are life conditions as potent or more potent in determining the individual? Facing facts, one is bound to modify the statement "like begets like" to "like *tends* to beget like." Whence does the marked variation spring? Biology teaches us that the embryo has a dual inheritance. Recent discoveries confirm the prophecy of Huxley, made in 1878: "It is conceivable that every part of the adult contains molecules derived both from the male and female parent, and that, regarded as a mass of molecules, the entire organism may be compared to a web of which the warp is derived from the female and the woof from the male." But the inheritance is more than dual, since the two minute organisms represented by the fertilised ovum are the complex products of a long line of ancestors. This may rationally account for many of the variations in the offspring. The child inherits partly from its parents, partly from its ancestry. This inheritance is, as it were, a mosaic to which many generations have contributed.

Many characteristics may be latent for long periods; in other cases they find expression in successive generations, as in cases of albinism, or absence of pigment, and in certain cases of physical peculiarities. Farabee gives details of a family many of whom had all the fingers and toes two-jointed, like the thumb and big toe. In a family tree of 69 there were 36 with this abnormality. Certain other abnormalities, such as hare-lip, cleft palate, spina bifida, also occasionally recur in a family, but it is a question as to whether this arrested development is not to be attributed to the inheritance of "deficient developmental vigour" rather than to the inheritance of the actual defect. One of the most evident heritable abnormalities is hæmophilia. Curiously enough, it is usually the male members of the family who suffer. Although the females are exempt, their male offspring are affected—i.e., hæmophilia lies latent in the female.

Modern observations have tended to reduce the number of hereditary diseases. Parents suffering from insanity, nervous disease, tubercle, gout, etc., are likely to beget descendants with hereditary tendencies or pre-

disposition to these diseases; these may never show themselves if the environment and habits are such as to inhibit, correct, or overrule these tendencies. The cells of these descendants are certainly more vulnerable than those of individuals descended from a healthy stock, and clinical experience emphasises the recurrence in successive generations of these diseases.

In congenital syphilis, which is due to a specific microbe, the infection is ante-natal, either directly through the father or indirectly through the placenta. The toxins produced by the action of the specific germ cause debility in the germ cells, and thus inferior, immature, and diseased offspring result. But congenital syphilis is more correctly described as a pre-natal infection than as an inherited disease.

It is, however, difficult to differentiate between the conditions which are due to the organisation of the fertilized ovum, which may be characterised as innate, and those which are brought about by its ante-natal environment—i.e., acquired.

It is certain that children born of unhealthy or alcoholic parents are seriously handicapped, however ideal their post-natal environment may be, but that they are doomed to the diseases of their forefathers is, happily, not demonstrable; if well nurtured, the unpromising bud may blossom into a fair flower.

Another of the problems which confront the biologist is that of the factors which determine sex. He appeals to the student of Heredity to throw light upon the subject if he can, but as yet it remains unsolved. Theories and hypotheses abound—the influence of food, the age and vigour of the parents, the age of the ovum, heredity, are some of the causes suggested by investigators, but they are all inconclusive. As yet one can only say “the development of one or other sex is determined by some unknown internal relation.” The fact that uniovular twins are always of the identical sex, while binovular twins may be of different sexes or of one sex, makes it conclusive that the sex is determined in the fertilised ovum. In the higher animals at least it seems that the environment of the embryo has no influence in the determination of sex.

Statistics show that the first-born child is more likely to be a male than a female (the proportion being about 8 to 7), and that there is also probably a greater likelihood of the second child being a male than a female. In the European and Semitic races there is a preponderance of male births, the ratio being 1,060 males to 1,000 females. In England for the last 200 years there have been more male births than female; thus the tendency to pro-

duce more males than females may be characterised as “hereditary.”

Another very interesting point is the striking resemblance and average level of successive generations. Statistics of height, weight, colour, etc., show that there is a type—a mean for each race, and that, in spite of striking exceptions, there is a general tendency to mediocrity.

Take, for example, the average length and weight of infants at birth; there is a continual tendency to maintain the specific average. In considering large numbers of the children of degenerate, impoverished, undersized parents, they do not differ in average length and weight, as one might rationally think they might from infants born to parents of good stock, well nourished and developed. There is ever the same tendency to sustain the same average level, physically and mentally, from generation to generation. This is known as the Law of Filial Regression.

Galton, Karl Pearson and others have investigated data as to stature in successive generations; they explain the tendency to revert to type by the fact that the child inherits not only from his parents, but from his ancestors, and the mean of that ancestry is probably not far from the mean of the general population. Thus Pearson writes in his “Grammar of Science”: “In the tenth generation a man has (theoretically) 1,024 tenth-great-grandparents. He is eventually the product of a population of this size, and their mean can hardly differ from that of the general population. It is the heavy weight of this mediocre ancestry which causes the son of an exceptional father to regress towards the general population mean; it is the balance of this sturdy commonplace which enables the son of a degenerate father to escape the whole burden of the parental ill.”

Eugenists are right when they urge careful mating of the physically fit as a moral duty. In the course of generations exceptional types would be produced; but there is hope for the offspring of so-called degenerate parents, for only rarely is the stock wholly bad; it is more often made up of varied elements, and traits and characteristics of worthy forbears may dominate in them. That gifted children may be born to parents whose intelligence is below the average, and that very ordinary children may be born to gifted parents is too common a phenomenon to call for remark. It is fairly safe to predict mediocrity for the majority of humans, owing to the mosaic inheritance of many generations. Yule states the Law of Ancestral Heredity as “a law by which the



mean character of the offspring can be calculated with the more exactness the more extensive our knowledge of the corresponding characters of the ancestry."

There is an ever-increasing output of books treating with this fascinating subject of heredity, many of them far too complicated and technical for the general reader, and even the simplest make considerable demands on the intelligence, and call for concentration and thought. As an introduction, Punnett's lucid little book on Mendelism, published in 1905, is to be recommended. Thomson's "Heredity" gives a bird's-eye view of the hitherto known and unknown principles which are at work in heredity, and a charming book by the Whethams, "The Family and the Nation," brings home the practical and sociological aspect of the question. M. O. H.

### THE WOMEN'S HOSPITAL, BRIGHTON.

The Vicar of Brighton (Canon Hoskyns) presided at the Annual Meeting of the Brighton and Hove Hospital for Women, in West Street, held recently at the Royal Pavilion. The Committee state in their 81st Annual Report that, with regard to the supreme need for a new hospital building, they reluctantly feel that the time has not yet arrived when an appeal can be made to the public for the necessary funds. They, however, have under consideration a proposal which they confidently believe will, in the near future, attain the object in view without appealing to the public for any very large sum of money. The in-patients numbered 176, out-patients 468, and midwifery cases 1,161.

Lady Louise Loder was re-elected President, and the Vice-Presidents were re-appointed.

Mr. Leonard Holmes, the devoted and efficient Hon. Secretary, said that the Governors would have very seriously to consider the district work in view of the fact that under the National Insurance Act women will receive 30s. in each maternity case. Their terms might have to be modified somewhat, and even abolished, as it would be difficult for the hospital to justify its position as a charitable institution if it took practically the whole of the 30s. received by the women.

Dr. W. A. Bowring, replying to a vote of thanks to the honorary Medical Officers, said that there was a very strong feeling among the medical men of the town about charging fees, and he hoped they would be abolished.

The Hospital, which is doing most excellent work, deserves substantial support.

### LIVERPOOL MATERNITY HOSPITAL.

It is evident that Liverpool badly needs the new Maternity Hospital which it is to have through the generosity of Sir William Hartley

Last year it was necessary to send 116 women away owing to lack of accommodation, and to shorten the period for which patients remain in the hospital from fourteen days to twelve. Unfortunately, though the hospital does such good work, and has trained 67 pupils in its School of Midwifery during the past year, its financial position is still unsatisfactory, and its expenditure exceeded its reliable income last year by £457. £15,000 has now been raised towards the endowment of the new Hospital, including the sum of £2,130, the result of the Coronation Fund opened by Mrs. Mason Hutchinson when Lady Mayoress. The Lord Mayor (the Earl of Derby), who presided at the recent annual meeting, warmly advocated the claims of the institution.

### NEW WARDS AT THE ROTUNDA HOSPITAL.

Last week the new labour wards at the Rotunda Hospital, Dublin, were inspected, on the invitation of the Master, Dr. Jellett, by the Governors and a number of medical men. The new wards, which formerly were used as a nurses' dormitory, with the three small rooms attached, form a distinct unit, separate from the lying-in wards, for the reception of maternity patients. The wards have been so arranged and fitted as to rank with the best of their kind in Europe.

The committee appointed to advise on the question considered that the future status of the Hospital was intimately involved with its labour ward system, so that it was incumbent on it to maintain its position amongst maternity hospitals throughout the world.

### CHINESE MIDWIFERY.

A medical missionary in China writing in the *Lancet* of midwifery says:—"We are scarcely ever called in till decomposition of the fœtus is in progress, the old women midwives having done their worst. We do not make a feature of this work, but out of 64 cases it is interesting to note that *only 14 were normal*. There were 6 maternal deaths. There were 11 cases of transverse presentation with either tonic contraction of the uterus or septic decomposition of the contents; of these 1 child only was saved. Decapitation is usually our procedure, but so far from it being easy we have found it extremely difficult, so acute is the flexion of the child and so firm the grip of the uterine muscle. Usually for days after such a case one's fingers have but small power. Chinese midwifery, as we have met it, is awful in its simplicity; it consists usually in letting the patient die if normal delivery is not possible. One case treated in our wards was that of a woman from whose uterus we removed the remains of an "aftercoming head" 38 days after the remainder of the body had been wrenched away by Chinese midwives."



# THE BRITISH JOURNAL OF NURSING

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**THE NURSING RECORD**  
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Vol. XLVIII

## EDITORIAL.

### THE EIGHT HOUR SYSTEM.

We have always held, and publicly expressed, the opinion that the eight hour system for hospital nurses, *i.e.*, three shifts in the twenty-four hours, is conducive to the best interests neither of the patients nor of the nurse training-schools; and it is interesting to observe that practical experience of this system in New Zealand apparently confirms this view.

Recently, we learn from *Kai Tiaki*, the paper of the New Zealand Nurses, at a conference of delegates from the Hospital Boards, it was decided to enquire from those Hospital Authorities who had instituted an eight hour system for their nursing staffs what their opinions were as to its efficacy or otherwise; and Dr. T. H. Valintine, the Inspector-General of Hospitals, subsequently issued a series of questions to the authorities concerned, asking for an expression of opinion on the points contained in them, and on any others which occurred to those officers of the hospital mainly concerned in the training of the nurses.

The points on which Dr. Valintine asked for information were: (1) The influence of the system on the carrying out of the treatment ordered by the medical staff—whether it is in the best interests of the patient. (2) Its influence on the training of nurses. (3) Its influence on the length of training. (4) Whether it is possible to give experience in theatre work during the time the nurses are actually on duty, or whether they attend operations in their hours off duty. (5) Its influence on the health of the nurses. (6) Its influence on the discipline, and the loyalty of the nurses to their training school. (7) Where the system has extended to the more responsible officers, such as sisters in charge of wards, the influence on their work as trainers of the probationers and as ward managers.

The recommendation of the Hospital Committee adopted by the Board at Wellington is: "That having perused and considered the reports of the Medical Superintendent and Matron upon the working of the eight hours system, this committee from its experience endorses the conclusions arrived at by those officers; and is of the opinion that a re-arrangement of nurses' hours, without strict reference to eight hours per day, and without materially increasing the actual hours of duty will be in the interests of both nurses and patients."

The same average hours on duty could be maintained by periodical long leave.

Some interesting points are raised by a correspondent in *Kai Tiaki* who voices her own views as well as those of others.

The first point is that all the arguments advanced in favour of the system in a previous article in our contemporary are from the nurse's point of view, and all more or less selfish, not bearing so much on the gaining of greater knowledge and proficiency, but on having more time for recreation and pleasure. The one argument from the patient's point of view concerns a type of nurse which seems to be increasing, the "always tired nurse."

The writer says: "Anyone dealing with many nurses must be astonished at the large number who never hesitate to tell their patients how tired and ill they feel, and grumble at the amount of work there is to do, thereby getting the patients to consider them. Thus they say: "Nurse was so tired I did not like to ask her."

Other effects of the eight hours system, we are told, are the "hurrying off duty, the grudging of every few minutes extra that may be required," and "the fearful rush,"—good for neither patient nor nurse.

In short there are very few nurses who have worked under other systems who are in favour of the eight hours.

## MEDICAL MATTERS.

### THE CHILDREN OF INEBRIATES.

The *Bulletin Professionnel des Infirmières* publishes an interesting extract from a paper by M. le Dr. Roubinovitch and M. le Dr. Bocquillon on the above subject, which states that the children of inebriates often bear from their birth physical or psychical stigmata. Their constitutions are often weak, poor, wanting in resistance in the fight against infection; they succumb to the maladies of early infancy, gastro-enteritis, laryngitis or sore throat, capillary bronchitis and meningitis, with extreme rapidity and frequency. In the great commercial and industrial centres, such as London, for example, nearly 50 per cent. of the infants die before three years of age. In St. Petersburg, Paris, Brussels, in nearly every household of workmen or small clerks, amongst whom chronic alcoholism is much in evidence, children die early in considerable numbers, most often of convulsions. Clinical observers are agreed in considering the alcoholism of parents as the predominating cause of the enormous infantile mortality in Belgium, Russia and France.

If all the hereditary inebriates do not die early all are affected in some way in that part which is their place of least resistance. In one it appears that the gastro-intestinal tract and the adjacent organs, especially the liver, will be the weak part of the constitution; in another, the pulmonary or circulatory system; in a third, the nervous system.

Tuberculosis and meningitis lie in wait for these children from their earliest infancy.

Sometimes one only observes isolated symptoms in alcoholics, such as characteristic trembling. It must also be added that the form in which alcohol is taken by the parents is of importance. Thus in the industrial town of Champagne there are in one quarter of the town workers who drink brandy, in another cellarers who consume wine. The children of the former are more remarkable for mental debility than the latter. The nervous and mental manifestations of hereditary alcoholics are perhaps those which have received most attention on account of their social gravity.

Hysteria, neurasthenia, epilepsy, chorea, tremulousness are observed in the first generation. Statistics concerning epilepsy afford a good illustration of this. In 163 families where the father and mother were addicted to drink, Dr. Bourneville collected authentic evidence of

224 children affected with epilepsy. Kowalewsky has found 100 epileptics in 60 families of this kind.

Nor are psychical troubles of the most varied kinds, from the most elementary to the most complex, rare in the descendants of inebriates. Mental debility with feebleness of memory, intellectual indolence, the impossibility of concentrating the attention for long, imbecility, idiocy with malformations or cerebral lesions, such as hydrocephalus, microcephalus, sclerosis, delirious hallucinations, beginning with nightmares and dreams, melancholy and maniacal conditions, all are to be found in hereditary inebriates.

Simple mental debility is most often found in children forming the first generation of drinkers.

The sleep of these children is often troubled with dreams such as one observes in chronic inebriates. Sometimes true psychoses, such as melancholia combined with suicide, and mental confusion, develop in such children owing to the persistence of dreams and terrifying nightmares.

Amongst the obsessions and impulses of hereditary inebriates it is not rare to observe that form of dipsomania which is characterised by the periodical, imperious, irresistible need of drinking. A most lively anxiety animates the child in the presence of wine and other liquors, which is only assuaged when he has given effect to his desire. It is, in fact, a hereditary transmission of the craving for alcohol, which leads its victim fatally to chronic alcoholism and its disastrous consequences. Idiocy appears in the third and fourth generation.

### THE TREATMENT OF BOILS.

The Paris correspondent of *The Lancet* states that M. Gallois considers that furunculosis is a purely local disease resulting from repeated inoculations. The treatment, therefore, should be exclusively a matter of dressings. Discarding the use of water and of poultices, the author extols a method which consists of aborting the furuncles, if possible, by the local use of a drop of iodoacetone and applying locally a gauze compress well impregnated with glycerole of starch, to which boric acid or mercury oxy-cyanide has been added. Over this is put a layer of absorbent cotton without any impermeable covering, the whole being kept in place by a bandage. This dressing should be renewed every day, or even twice daily. To cause desiccation it should be dusted with talc powder, to which a little paraffin has been added.

## OUR PRIZE COMPETITION.

HOW WOULD YOU CARE FOR THE DEAD, IN A HOSPITAL, FROM THE HOUR OF DEATH UNTIL THE CORPSE IS REMOVED FROM THE MORTUARY?

We have pleasure in awarding the prize this week to Miss A. Millicent Ashdown, 11, Manvers Street, Bath, for her paper on the above question.

### PRIZE PAPER.

Death having taken place, the eyelids are gently closed. The friends having left, the bed is stripped to the top sheet. Hot-water bottles, pillows, cradle, etc., are removed. The body is then undressed and laid absolutely straight in the centre of the bed, the arms crossed over by the sides. The bottom sheet is tidied, and, if necessary, the drawsheets changed, provision being made in case of any discharges occurring. Jewellery and false teeth, if any, are removed, the mouth carefully closed, the jaws being kept in position by a bandage. The eyelids are kept closed by small oval pads of lint soaked in cold water. In some cases it may be necessary to have a firm pillow under head. The feet are kept upright by a bandage. The body is then left covered with a sheet. The bedclothes, etc., are then removed from behind the screens, leaving the locker, chair, and head-board quite tidy. Care must be taken to see that the screens are so arranged that nothing is visible to other patients. The charts, prescription, and case papers are removed; the window opened. At the end of an hour, having previously seen that everything is ready, so as to avoid any interruptions, and procured help, the washing is commenced. A prayer is said before beginning, remembering the solemnity of the occasion and that all must be done as reverently and silently as possible. After removing the bandages, the body is thoroughly and carefully washed, with Lysol in the water. The teeth, lips, and nostrils are washed, nails cut and cleaned, any stains on the skin removed with ether, and the orifices plugged with cotton wool. Wounds, if any, are dressed, any tubes or other appliances removed, the bandages stitched in position. The hair is brushed and combed, and, if the patient is a woman, plaited in two plaits and tied with white ribbon. Bottom sheet and drawsheet having been tidied, or changed if necessary, the body is clothed in a clean nightdress or mortuary gown, and wrapped neatly in the mortuary sheet, the bed then covered with a sheet. Washing utensils, etc., having been cleared away and arrangements made for the removal, the porters are preceded to the bed,

doors and screens opened and closed for them. When ready, the stretcher is covered with a pall, screens are reopened, and the porters accompanied to the mortuary. The body having been placed on the slab, the sheet is removed, and care taken to adjust anything that requires it. The body is then covered with the quilt and slip sheet provided, the face being covered with a linen handkerchief and a few flowers placed on chest. The body is visited daily, and any discharge from mouth washed away. When the coffin is brought, the mortuary gown is replaced by the garment provided, care being taken to see all is in order when the body is in the coffin.

### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Amy Phipps, Miss Emily Marshall (London), Miss Elizabeth Martin (Halifax), Miss E. Helen Gibert (Birmingham), and Miss S. A. Cross (King's Lynn).

Miss Phipps writes:—"The nurse should not forget that she is carrying out a very sacred duty upon the scene of a Divine visitation; therefore it is well that the task be performed as much as possible in silence, if two nurses be present.

"After a death the bedding should be stoved before re-using, and all clothes, etc., well washed; the bedstead should be treated with disinfectants, and the floor around scrubbed."

Miss Marshall also thinks that "the casket which once held the soul should be made to look as beautiful as possible. I should take every possible precaution for the safety of the living, and use plenty of disinfectants, carefully removing all discharges, if any, with swabs of cotton wool well soaked in 1 in 20 carbolic acid, always using forceps for this purpose."

Miss Martin points out that "often there is a good deal of discharge after death; therefore all orifices of the body must be well closed with cotton wool. All wounds should be covered with clean lint, which is either strapped or bandaged in position; all discharging wounds must be well packed, and all tubes, etc., removed."

When all that is necessary has been attended to and the body clad in a clean shirt or nightdress, "the body is then wrapped in a sheet, which should be a very long one, so that the ends may be twisted and tucked neatly underneath to avoid the use of pins, as undoubtedly they are a source of great danger to the attendants' hands. The body is then conveyed to the mortuary, and there placed in the usual mortuary linen."



Miss Gibert mentions that "according to various hospital rules, a supplied shroud or nightdress will be put on, and, if possible, white stockings. The use of white flowers may be left to the discretion of the nurse." She also thinks that the ends of the sheet in which the body is enfolded should, for security, be tied with a bandage. A ticket with name and age of patient, and time and date of death, should be stitched on the sheet."

Miss Cross, writing of the last offices, says: "Wash the body with soap and water and some disinfectant, and guard it against exposure, in the same way as if it were conscious. . . . If the case has been contagious the body must be wrapped in a sheet wrung out of disinfectant."

We presume it is because ward nurses so seldom have any experience during their training of mortuary work that no one mentions the necessity of handing over the body, with the particulars as to name, etc., to the relatives or undertaker.

#### QUESTION FOR NEXT WEEK.

What special points would you observe in nursing a case of tuberculosis in a poor home?

### THE LEAGUE OF SCHOOL NURSES.

The subject of Dr. Thomas' lecture on Wednesday, March 6th, was "The State and the Child."

He sketched briefly the progress made since 1803, when only 1 child in 21 attended school, and touched on all the Acts of Parliament dealing with education and the welfare of children. The lecture, which was most interesting and useful, was well attended.

As this was the last but one of the lectures for this season, and as Dr. Thomas had arranged the whole series and had himself given two lectures, a vote of thanks to him for all the trouble taken and time expended was proposed, seconded, and heartily carried.

#### BE CAREFUL.

We would warn nurses that if they show articles of their own design at a Public Exhibition before they have been patented, this cannot be done afterwards, and inventions which are the result of their practical experience, skill, and ingenuity may be patented by any unscrupulous person who does not hesitate to seize upon the work of another's brain if he sees money can be made out of it.

### POUR ENCOURAGER LES AUTRES.

BY A SISTER.

There must be many probationers who are feeling now as I felt at the beginning of my training—the hopelessness of ever getting on, the impossibility of getting through the daily work, and so forth.

I can remember exactly how I felt just twenty-one years ago and what I went through, but "All's well that ends well."

I arrived, put on my uniform, and was called "Nurse." My first day was disastrous. I was sent to a female surgical ward, where the smell of iodoform pervaded the air. I helped to make the bed of a girl who had recently had resection of knee. Feeling very much for her, I was as gentle as I knew how, but she said, "You are rough, Nurse" (and I was as pained as she). For some reason the visiting surgeon made his round that morning and dressed the girl's knee; the bones had been fixed with two steel pins, which were left sticking out some inches for subsequent removal. That sight was too much for me, and I began to feel very ill, and, retiring to the kitchen for some water, I sat down, and realised no more until I found a spatula in my mouth and my pulse being felt. It was my first faint, and a bad one, too. I was off duty the rest of the day, taking with me the very sickly-looking wardmaid, whom my ghastly appearance had quite bowled over. As a Sister I am still sorry for the Sister of that ward.

Next day I was sent to a medical ward. In those days lights were lowered at 8 p.m., but we did not go off duty until 9 p.m. I well remember that first hour in the darkened ward. An old woman, quite yellow and all skin and bone, appeared to be pointing at me with her skinny finger (it was in reality the handle of her bed pulley). After a week, through much illness amongst the nursing staff, I was sent on night duty as a "night extra" for special cases. I may mention here that on admission I had been examined by a physician, who said I was not strong, and must return to him after a month's work. I was on night duty three weeks, and I prayed ardently that he never would pass me; I knew I should not give up myself, but hoped he might do it for me.

The second night I was sent to the Surgery, where there were two rooms for casualty cases to be watched. In one was a small boy who suffered from fits, but that night I was the sufferer. I was to watch for hæmorrhage in another patient. A third was said to be "not a nice man." A fourth was suffering from concussion, and "anything might happen," I

was told, and was left alone at some distance from the staff nurse to watch these terrors; she being kept busy all night with a drunken woman, who never regained consciousness, and died in the early morning, making most gruesome noises. Next night I went to the ward of which I was ultimately to become the Sister to "watch for hæmorrhage"; that was the "watchword" of the night charts in those days, and—you will scarcely believe me—as soon as the house surgeon appeared to make his round I walked straight up to him and begged him not to let me be taken off his case, lest I should be sent to that awful Surgery again. The staff nurse only smiled. (House surgeons always have a "soft spot" for the "Pro.," and I was never taken.) I learnt in that ward to make my first linseed poultice; it was for an abscess in the shoulder of a policeman. It almost broke my heart to make him sit up and have a fresh cool poultice applied. And he said, "Thank you." Brave man.

My patient really did have hæmorrhage—(as a rule, if you watch, they don't)—and I was sent to find the house surgeon. Unfortunately there were two of the same name, but by the kind help of a dresser I found him, and, returning, was told to hold the large shaded candle whilst the patient's tongue was plugged with strips of lint soaked in turpentine—horrible, but true. Soon the kind staff nurse took the candle, whilst I retired once more to the cold-water tap in the kitchen. That ends my "History of Fainting," but what would have happened had I been sent to the operating theatre during my first three months I cannot say.

Night duty made me feel so ill in the mornings that in the short time between leaving the ward and the early morning dinner I used to lie on my bed and weep, and protest that I could not go on; my bedroom companion chaffs me about it to this day.

When I returned after three weeks to day duty I was given a week to recover before seeing the physician, and during that week I left off praying that he wouldn't pass me, and rather hoped he would, and he did.

I went to various wards, where I was told I "should never make a nurse," and rolled plaster bandages so tight they would not soak, and sat when the house surgeon came into the ward, and was told to take food to "Mrs. Twenty-two," which struck me as a remarkable name, and did—and didn't do—everything a new Pro. ever did—and didn't do—and will always do and not do.

Shortly I was again sent to the Surgery, but in daylight, where I spent five really happy

months, assisting the junior house surgeons with—and really enjoying—their operations. On returning to night duty I incurred the displeasure of my staff nurse by speaking to one of the junior house surgeon friends when he came to the ward.

Being over a certain age I was sent to the diphtheria ward, where the staff nurse, who was then "not one of ourselves," did not suffer from insomnia, and I did many things a Pro. is not as a rule allowed to do, and enjoyed it. I got a very bad throat, and was off duty for six weeks or so. Eventually, through much tribulation, including tears in the bathroom, I passed my first examination, coming out third of thirty-three. Having at school passed the Oxford and Cambridge Locals, I had not the dread so many of my colleagues seemed to have of the exams.

My first three months as staff nurse were spent on night duty in a male surgical ward. How I survived the responsibility I do not know. Does anyone ever realise, I wonder, what many nurses go through on "night duty"? And yet there was a great fascination in it. You felt "a bit of a Sister" as you took the house surgeon round, and suggested that a student should have a little jam added to his milk diet, and so forth. And then, again, you heard the porter's whistle, and you almost prayed the case might not be for you—but it was, and you rather enjoyed it, after all.

On day duty in this ward I was at last taken to the operating theatre, and instead of fainting I thought I should have attained the height of success could I be theatre nurse, and have ready what each surgeon required without being asked for it. And two years after my thought was realised, and I was theatre nurse in sole charge for two and a half years, and the post was all I thought it would be.

I then became night superintendent. Visiting the different wards and seeing the various treatments of both medical and surgical cases was most interesting and instructive. At the end of eighteen months I was appointed Sister of the diphtheria ward—a splendid experience for training one's eye, and ear, and meeting emergencies, and making one self-reliant.

After two and a half years' much-enjoyed work there I left "diphtheria" for surgical work again, becoming Sister of a male surgical ward—the height of my ambition.

Looking back, and remembering vividly my "new Pro." days, and my subsequent agonies from inexperience as a staff nurse, I can still say "It was worth it," and so write this, *Pour encourager les autres.*

## PROGRESS OF STATE REGISTRATION.

In response to the invitation of the Executive Committee the following ladies and gentlemen have accepted positions as Vice-Presidents of the Society for the State Registration of Trained Nurses, their acceptances being couched in the kindest terms:—The Right Hon. the Lord Ampthill, G.C.I.E., G.C.S.I.; the Right Hon. R. C. Munro Ferguson, P.C.; Mr. J. Ramsay Macdonald, M.P.; Mr. William Field, M.P.; Dr. Saleeby, F.R.S.Ed.; Lady Truscott; Miss J. Alexander, Matron and Lady Superintendent, Royal Alexandra Infirmary, Paisley, President, and Miss E. A. Stevenson, Hon. Secretary, Scottish Society of Trained Nurses.

The Committee hope that members of the above Society will keep well in mind the Annual Meeting, which is to be held in May, so that widespread interest may be evinced in the demand for legislation. The President is well aware of the monotony of supporting a cause for a quarter of a century, both by active work and cash, and the indignation aroused by the cruel exploitation of nurses' earnings, whilst depreciating their splendid work, by the average anti-registrationist. Men who make money out of women's work, especially such huge sums as are quietly absorbed by the Committee of the London Hospital, whilst paying very high salaries to the chief hospital officials who carry out their indefensible system of sweating, are determined to keep trained nurses disorganized—without State protection—poor, and therefore helpless—and hesitate at no lobbying amongst Government officials to maintain their financial supremacy. We have pointed out many times that had not "trained nursing" been a marketable commodity, the opposition to the State Registration of Nurses would have been a negligible quantity. We are out to wrench economic independence for the most dependent industrial class of women workers in the world—and such fights are not concluded in kid gloves. Hence the necessity for plain speaking.

Mrs. Walter Spencer has again most kindly invited those attending the Annual Meeting to tea at 2, Portland Place, W.

The financial year of the State Registration Society ends on April 30th, and the Hon. Secretary will be pleased to receive the shilling subscriptions from all those members who have not sent them to date.

## STATE REGISTRATION IN THE UNITED STATES.

It is always a relief to turn to the American nursing world, where women's work for the community is justly valued. The *American Journal of Nursing* reports that:—

Legislation is now in progress in four States. The New Jersey nurses have carried their Bill again into the legislature, and are to make a vigorous effort to secure a statute that shall compare favourably with the best that has been secured in any State. They have not been daunted by the vigorous opposition to their efforts of last year, but again are demanding a Board composed of nurses.

The Rhode Island nurses are to make another effort to secure the passage of a law. They are asking for a Board of Examiners composed of three nurses and two doctors.

Louisiana expects to introduce a Bill at the next Legislature, which convenes in May. As it is unconstitutional for women to serve as State officials, such as members of Boards are, the nurses are anticipating a serious contest in order to win.

The Massachusetts nurses are amending their Bill to include the appointment of an inspector of training schools. At the meeting in Springfield the appointment was made of an educational committee to work in co-operation with the Board of Examiners and to formulate a working syllabus as a guide to both the schools and the examiners. This we consider a very progressive step, and a measure which will tend to keep the State association and the examiners in very close touch.

The fifteenth Annual Meeting of the American Nurses' Association will be held at Chicago, opening on June 5th. There will be a special session on the evening of that day on State Registration, under the auspices of the Superintendents' Society and the American Nurses' Association. Let us hope the States of New Jersey, Rhode Island, and Louisiana will have carried their Bills through and be added to the thirty States which have already enforced enlightened nursing legislation, and shown their appreciation of this invaluable branch of women's work.

We are glad to know that Miss M. Heather-Bigg, Matron of Charing Cross Hospital, is sufficiently recovered from her serious illness to go away for a change. There are many in her wide circle of friends who will unite with us in hoping for her speedy recovery.



## TRAINED NURSES AND NATIONAL INSURANCE.

### THE TRAINED WOMEN NURSES' SOCIETY OF THE UNITED KINGDOM.

Although the National Insurance Act purports to give self-government to members of Approved Societies, in reality, owing to amendments inserted at the last moment, it will not be difficult for Boards of Managers to evade the self-governing provisions; women joining Approved Societies should therefore most carefully consider how such societies are managed.

Advisory Committees, in our opinion, are illusory. Persons managing women's money usually get out an imposing list of women supporters' names, and dub them an advisory committee, though the last thing they intend is to permit them to interfere or to advise on finance.

The first principle, therefore, of the Trained Women Nurses' Friendly Society is to so organize its constitution that the members as a whole can control the policy of the society, so that in the four quarters of the Kingdom the Boards of Management can be elected by the nurses in each division. By this devolution, local and personal supervision of the finances is possible. We print below the Draft Suggestions for such a constitution:—

#### DRAFT SUGGESTIONS.

1.—The Society shall consist of Female Sick Nurses, either trained or in training.

2.—There shall be a General Council for the United Kingdom of all Members, which shall meet annually.

3.—There shall be four National Councils, composed of the Members in each of the four kingdoms respectively, which shall elect four Boards of Management.

4.—The management of the Society shall be in the hands of four Boards of Management elected by the National Councils, such Boards to consist, as to at least two-thirds, of Members of the Society, and as to not more than one-third, of Advisory Members, who need not necessarily be Nurses or Members of the Society. The elected Members of the Board shall be in the proportion of one per cent. of the total membership of the National Councils.

5.—There shall be a Staff of paid Officers. Any Hon. Officers elected shall be *ex-officio* Members of the Board.

6.—All Funds shall be invested in securities either approved by Parliament for Savings Bank Funds, or in Trustee or other Securities which, for the time being, have been approved by the Insurance Commissioners.

7.—All contributions to be paid monthly, quarterly, or annually, as by arrangement.

8.—(1) Except as otherwise provided, every Insured Member shall be entitled to the following benefits:—

(a) Medical benefit; (b) Sanatorium benefit; (c) Sickness benefit; (d) Disablement benefit; (e) Maternity benefit; (f) Such additional benefit, if any, as the Society may give under a Scheme made by it and sanctioned by the Commissioners.

(2) Medical and Sanatorium benefits, and additional benefits in the nature of Medical benefit, are administered by the Insurance Committee for the County (or County Borough) in which the insured person entitled to them is for the time being resident.

All other benefits are administered by the Society, and all applications relative to them must be addressed to the Secretary.

N.B.—The Rules will be in conformity with the Model Rules for an Approved Society with Women Members only, issued by the Insurance Commissioners.

## NURSING IN INDIA.

Many interesting speeches were made and papers read at the Sixth Annual Conference of the Association of Nursing Superintendents of India and the third of the Trained Nurses' Association of India, held recently at Calcutta and reported in the *Nursing Journal of India*. The first Session was opened by Miss L. M. Tippetts, President of the Superintendents' Society, who welcomed the members and reported a large increase of membership, particularly in the Trained Nurses' Association.

Miss Tippetts was re-elected President, and Miss Creighton Vice-President, of the Superintendents' Association, and Miss Henry Secretary and Treasurer.

It was decided to hold the next Conference at Bangalore in November, 1912, and a discussion followed as to the advisability of establishing a Board in each province for the Examination and Registration of Nurses.

The Indian Medical Missions Association of Southern India in 1910 appointed a sub-committee, with Miss MacDonald as convener, to consider the question of raising the standard for the training of Indian women in Mission Hospitals. As a result a form has been drawn up containing rules with regard to admission, age, standard of education, length of training, curriculum and examinations. It is suggested that a Nursing Diploma shall be granted by the Association, that the I.M.M.A. through its local branches shall appoint examiners—a Doctor and a Nursing Superintendent not connected with the hospital—annually, and that a

common written examination and uniformity in oral examination shall be secured.

Miss Tindall, who as President of the Trained Nurses' Association opened the Session on the following day, spoke of the sacrifice entailed in the two or three days' railway journey to attend the Nursing Conference at Calcutta. The compensating blessings were the friendly intercourse, the very effectual picking of each other's brains and experience, and the joy of having some share in the organization of nursing in India.

Two prizes were awarded for papers on nursing subjects, the first to Miss Tindall for one on "Practical Sympathy," and the second to Nurse Jeremiah Isaiah, of the Church of England Zenana Missionary Hospital at Bangalore, for her paper on the question, "What would merit the title of a good trained nurse?"

Miss Creighton exhibited an admirably executed plan for a holiday home for nurses, should the Association decide to adopt the proposal to thus memorialize its late Hon. Secretary, Miss J. W. Thorpe.

## THE IRISH NURSES' ASSOCIATION.

The Annual Meeting of the Irish Nurses' Association took place in their Rooms at 34, St. Stephen's Green, on the 16th inst., Miss Keogh, President, in the chair. Tea was generously provided by members of the Executive Committee, and was partaken of before the business meeting began. The beautiful rooms were gay with flowers, all gifts for the occasion. The usual dance and entertainment were postponed on account of the recent death of Mrs. Kildare-Treacy. Before the business began the President requested those present to stand while she read a tribute to Mrs. Kildare-Treacy's work for the Association, and the great loss it had sustained through the passing away of such a devoted and brilliant member. A telegram of condolence was also read from the German Nurses' Association.

The business was then proceeded with. An important change has been made in the Rules for this year. The monthly meetings, instead of being confined to the Executive Committee, with six nurse representatives, are to be thrown open to all members, in order that nurses may have a voice in the management and take part in the discussions.

The election of office bearers for the year was as follows:—President, Miss Shuter, "Ivanhoe," Lansdowne Road; Vice-President, Miss

Huxley, "Elpis"; Hon. Sec., Miss Kelly, Steeven's Hospital; Finance Committee, Miss Huxley, Miss Keating, National Maternity Hospital; Miss Growney, City of Dublin Nursing Institution.

These members were declared duly elected. Miss Keogh gave an outline of the meeting held in London of the Provisional Committee of the Trained Nurses' Friendly Society. Copies of the Draft Suggestions drawn up were distributed to the members, and the President spoke very strongly in favour of the Nursing Profession holding together.

Miss McLoughlin, one of the Instructors for the Insurance Act, had much information to impart to the meeting in which the members were interested. Miss Roberts and several others spoke. After discussion it was decided to hold a meeting to specially discuss the Act, with a view to forming a Nurses' Friendly Society.

A hearty vote of thanks, proposed by Miss Kelly and seconded by Miss Roberts, was accorded Miss Keogh for her dignified conduct of business as President during the past year. The proceedings then terminated.

The meeting to discuss the Insurance Bill will be held on April 6th, at 8 p.m.

A. C. R.

## QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

Examination for the Roll of Queen's Nurses,  
March 14th, 1912.

1.—What is meant by "hard water"? What are its disadvantages, and how can the condition be remedied?

What are the advantages of "hard water"?

2.—What defects in food are apt to cause Rickets? What are the other important causes of Rickets?

3.—Eclampsia: What premonitory symptoms may this condition give rise to? Describe a typical eclamptic fit, and state what treatment you would adopt pending the arrival of the doctor.

4.—What do you understand by "preventive work" in district nursing?

5.—What arguments can you offer in favour of (1) Primary vaccination; (2) Re-vaccination.

\*6.—(a) What are some of the difficulties you might expect to encounter in working up a new Association (1) In a country town; (2) In a collection of villages; and what methods would you use to overcome them?

(b) Give an outline of *one* of a series of health talks to elder girls; or of *one* of a series of practical demonstrations in simple home nursing.

\* Question 6 is alternative; only (a) or (b) is to be answered.

## APPOINTMENTS.

### MATRONS.

**The Broadstone Hospital, Port Glasgow.**—Miss Elizabeth Kerr has been appointed Matron. She was trained at the Western Infirmary, Glasgow, where she subsequently held the position of Sister. She has also been Theatre Sister at the McAlpin Nursing Home, Glasgow.

**County Infirmary, Mayo.**—Miss Bridget Freyre has been appointed Matron. She was trained at the Mater Misericordiæ Hospital, Dublin, where she has held the position of Staff Nurse and Theatre Nurse.

### ASSISTANT HOME SISTER.

**Royal Infirmary, Liverpool.**—Miss Mary MacInnes has been appointed Assistant Home Sister. She was trained at the Western Infirmary, Glasgow, and has held the position of Sister at the Children's Infirmary, Liverpool.

### NIGHT SUPERINTENDENTS.

**Workhouse Hospital, Ecclesall.**—Miss Mary Wright has been appointed Night Superintendent. She was trained at the Union Infirmary, Burnley, and has held the position of Sister of Surgical Wards at the Union Hospital, Sheffield, and of Ward Sister and Maternity Sister at Bierlow Union Hospital, Ecclesall.

**Warneford Hospital, Leamington.**—Miss A. Mayne Stanley has been appointed Night Superintendent. She was trained at the General Hospital, Birmingham, and the Children's Hospital, Hull, and is a certified midwife.

### SISTERS.

**The Infirmary, Selly Oak, Birmingham.**—Miss Rose Eveline Clist has been appointed Ward Sister. She was trained at the Highfield Infirmary, Knotty Ash, Liverpool; and has been Sister at the Burnley Union Infirmary, and the Bramley Union Infirmary.

**The Essex County Hospital, Colchester.**—Miss C. Simkins has been appointed Sister. She was trained at the Kingston Infirmary, and has held the position of Sister at the same institution; and the Royal Chest Hospital, Ventnor; and has been Night Sister at the Hospital for Epilepsy and Paralysis, Maida Vale; and has had experience of private nursing. She also is a certified midwife and certified masseuse, and has taken the Sister-Housekeeper's course at Keeling Sanatorium.

**Royal Eye and Ear Hospital, Bradford.**—Miss Nina Vernon has been appointed Sister. She was trained at the Royal Infirmary, Sheffield, where she has done Sister's holiday duty.

**The Hospital, Lowestoft.**—Miss M. Jackson has been appointed Sister. She was trained at the Cumberland Infirmary, Carlisle, and has held the position of Staff Nurse at the Sunderland Infirmary, and at the Chelsea Hospital for Women, London, S.W.

**Royal Victoria Hospital, Bournemouth.**—Miss Dorothea Carey has been appointed Sister in the

children's ward. She was trained at Guy's Hospital, and at the Belgrave Hospital for Children, and has been Sister at the Park Hospital, Hither Green, Lewisham.

### NURSE INSTRUCTOR.

**Cornwall County Council.**—Miss Walton has been appointed Nurse-Instructor under the Cornwall County Council, and will be stationed at Truro, from which centre she will visit the various parts of the county. The appointment is a new one and there were 76 applicants. For the last eight years Miss Walton has worked in Bury in connection with the Health Department.

### LEGION OF HONOUR.

The *Official Gazette* (Paris) announces that the Cross of the Legion of Honour has been conferred upon Mme. Feuillet, who organized the French Red Cross Mission during the Morocco expedition.

### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

*Transfers and Appointments.*—Miss Harriett Austin is appointed to Lincoln, as Assistant County Superintendent. Miss Catherine Bullock is appointed to Norfolk, as Organising Secretary and School Nurse (temporary). Miss Lucy Broady, to Shirland; Miss Norah Bruckshaw, to Largwith; Miss Katherine Creer, to Onchan; Miss Mary Newbegin, to Shoreditch; Miss Anthonia Nortier, to Southampton; Miss Sophie Sullivan, to Beckenham; Miss G. Marie Welton, to Rawtenstall; Miss Josephine Wood, to Somerset, as Emergency Nurse.

Miss Harriett Austin was trained at Brownlow Hill Infirmary, Liverpool, after having previously worked as Nurse at Stroud Union Infirmary for 16 months. She received her training as Queen's Nurse at Cardiff, and afterwards held appointments as Queen's Nurse in various districts in Wales from 1901-1909. She also worked as Queen's Nurse at North Malvern, in connection with the Worcester City and County Nursing Association, under which she took her C.M.B. Certificate.

Miss Catherine Bullock was trained at Leeds General Infirmary, and took her midwifery training at the East End Mothers' Home. She holds the C.M.B. Certificate. She received her district training in Liverpool, subsequently working at Blackburn, Rushden, Measham, and South Tottenham. She has also had experience in private nursing.

## THE PASSING BELL.

We regret to report a most tragic occurrence. Miss Phyllis Twamley, formerly a nurse at the London Hospital, has met with a shocking death in an Australian bush fire. While out driving in the Upper Darling Range district, she encountered a bush fire, and got out of the cart to lead the horse. Her clothing caught fire, and the startled horse dragged her further into the burning scrub. She was taken to hospital, but died the same day.



## NURSING ECHOES.

The press is coming to the conclusion that the result of the Nightingale Memorial Appeal is very insufficient, and that the suggested memorial is in no way worthy of so great a woman. Of course it is not. Miss Florence Nightingale stands, and ever will stand, as a great Educationalist; and it is just because the chief inspiration of her genius is obnoxious to the men who claimed the right—to the exclusion of the rank and file of the nursing profession—to dominate the management of her memorial, that the response has been so lacking in enthusiasm. Only a few persons with axes to grind have pushed the policy of making the memorial to one of the greatest teachers of this or any age, a pettifogging charity. A statue first—and the contributions were soon sufficient for that—and then a great National Educational Scheme for the uplifting of the Profession of Nursing should have been put forward. But the women who claimed this appropriate recognition were excluded from the Memorial Committee—or their opinion ignored. From beginning to end men monopolised the management of the Memorial, and they must be held responsible for its failure as in any degree worthy of Florence Nightingale.

Mr. Francis Knight, of Ravenscroft, Shirley Avenue, Southampton, writes to the press:—"Last November I wrote a letter to the Earl of Pembroke suggesting to the Executive Committee of the Florence Nightingale Memorial that the names of the other ladies who accompanied Miss Nightingale on her noble errand of mercy and patriotism during the Crimean War should be mentioned on a tablet on the memorial. I specially quoted extracts from *The Times*, dated October 24, 1854, and subsequent dates wherein special mention was made of 'the fifty heroic ladies who accompanied Miss Nightingale.' . . . The Earl of Pembroke informed me 'he feared it would be difficult to obtain an accurate list of the names of the nurses.' Perhaps the publication of this letter in your columns will elicit the desired information to assist the executive of the memorial."

We should like to warmly support this suggestion. Surely in the archives of the War Office the information required can be found. Miss Nightingale's genius could not have found practical application without the devoted

labour of the rank and file. We hope Lord Haldane, the Secretary of State for War, will direct that the names of all the patriotic women who were willing, through his department, to give their lives in the service of their countrymen during the Crimean War, may after all these thankless years be given to the public, and some degree of honour bestowed upon them.

The Nurses' Choral and Social League gave a very successful concert at the Caxton Hall, Westminster, last week. The League, which was founded in 1910, and of which Mrs. Careg-McCowan is President, has members in all parts of London, who meet for mutual help, benefit, and social intercourse. Conducted by Dr. W. Herbert Hickox, the choir of nurses excellently rendered a number of part-songs, accompanied by Mr. Enos Green's String Quartet. A number of eminent artists as well as individual nurses contributed to the success of the programme, and Miss Evelyn Key was an admirable accompanist.

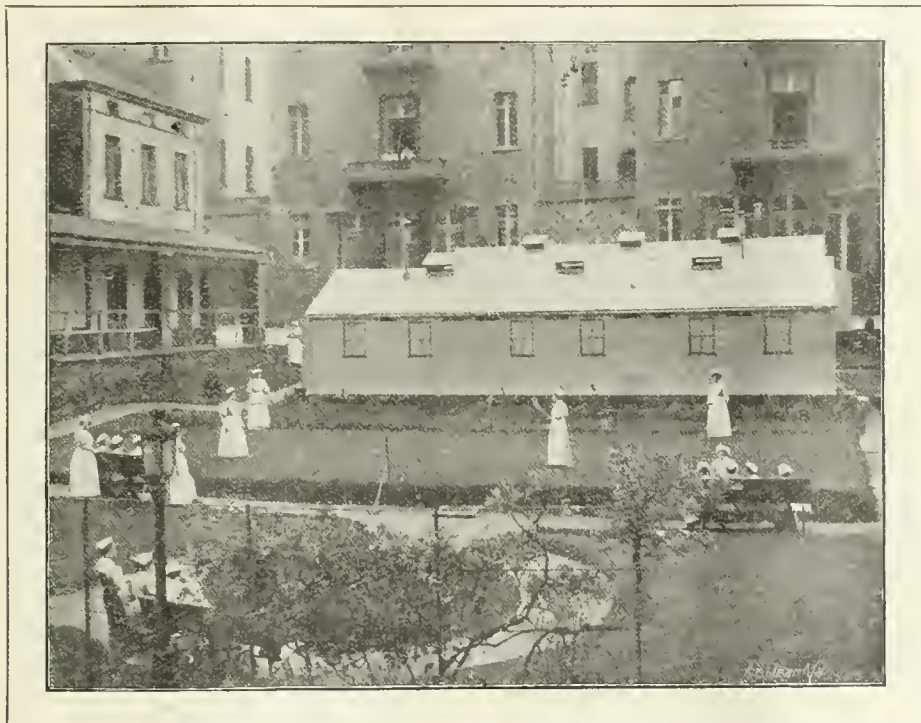
There was a large gathering at the tenth annual meeting of the Somerset County Nursing Association, held in the Municipal Hall, Taunton, last week, and presided over by the Rev. L. Menzies Lambrick, of Blagdon. Besides the County Superintendent, Miss du Sautoy, the Superintendents of several other County Associations were present and many nurses. The committee in their report refer in most cordial terms to the value of the work done by Miss du Sautoy, who later in the proceedings presented much valuable information in her own report. At the close of the business proceedings, Dr. Henry Davy, D.Sc., F.R.C.P., of Exeter, and a past President of the British Medical Association, gave a most interesting address on "The Value of Present-day District Nursing," giving an historical survey of the rise and development of modern nursing, in the course of which he said: "Well organized district nursing by properly trained nurses ought to be encouraged and practically supported and helped by every sanitary authority in England. He would be a practical statesman who would attack preventable disease by a thorough organization of nursing in the homes of the poor. The Queen Victoria Jubilee Institute formed ready at hand an organization for carrying out efficient aseptic district nursing, and if a Government were to subsidize it, and put it on a firm basis under adequate inspection, it would stamp out a very great deal of preventable disease, and would

more than pay its cost by the amount of money it would save the Poor Law and other authorities."

We recently published an account of the opening of the new training school for nurses at Brussels, which is installed in an annexe at the Hospital of St. John. By the courtesy of the *Secrétaire Général du Conseil Général d'Administration des Hospices et Secours* of the City of Brussels, we are able to publish the

recommended should be dispensed with, was forthcoming at a meeting of the Board, when the new arrangements for staffing the hospital were discussed.

It was recommended that in future the nursing staff should consist of one superintendent nurse, four charge nurses, and three probationer nurses; that any nurse having any cause of complaint should communicate in writing to the clerk; and that the passes required by the nurses for leave of absence



PUPILS PLAYING TENNIS AT THE HOSPITAL OF ST. JOHN, BRUSSELS.

interesting picture on this page, showing the pupils of the school enjoying a game of tennis under the shadow of the old hospital. So "the old order changeth, giving place to new," but modern nurses may capture from the old the spirit of devotion to the sick which through centuries has characterized the work of the Religious Orders, while they in turn must appreciate that the law of life is the law of progress. Without it the salt loses its savour, and the inexorable law of nature, which has use only for vitality, is fulfilled.

A sequel to the recent strike of probationer nurses at the Fuschill Workhouse, Carlisle, whose services the Local Government Board

from the hospital should be signed by the superintendent nurse and issued by the master.

The recommendations were adopted, and it was agreed, provided the Local Government Board consented, to accede to the application of two of the former probationers for the return of their payments to the superannuation fund.

If the Guardians specially desire to encourage friction and lack of discipline in the institution, they have provided for that contingency by placing the master in personal control of the nursing staff. Nothing but discord can result from attempting to make a workhouse master maintain a balance of power between the superintendent and the junior

nurses. Discipline, resulting from good government, must be maintained by a Superintendent Nurse, or she is not fitted for her post.

We are very pleased to note that the Medical Board, after discussion, has decided that the proposed establishment of a private nursing staff in connection with King Edward VII. Hospital at Cardiff is undesirable. The bolstering up of charitable institutions on the earnings of nurses is more than undesirable, it is an exceedingly cruel method of exploitation where poor women's work is concerned, and high time that it is recognised as unjustifiable.

We are asked to make plain that the City of Dublin Hospital, in which the late Mrs. Kildare Treacy received her training, and the City of Dublin Nursing Institution are now not connected with each other. Formerly it was very usual for nursing institutions to undertake the nursing of hospitals, but of recent years most hospital committees prefer to engage and train their own staff, as in this case, and the nurses in both hospital and institution are proud of their respective schools.

Princess Henry of Battenberg has been elected President of the Sandown (Isle of Wight) District Nursing Association.

### SCOTTISH MATRONS' ASSOCIATION.

The quarterly and annual meeting was held on Saturday, March 9th, in the Y.W.C.A., 80, Bath Street, Glasgow. Thirty-six members were present. During the year thirteen new members have been admitted, and three have resigned (two on account of marriage, and one on retiral), and a Vice-President died. The number on the roll is now one hundred and eight. The financial statement shewed a balance in hand of £12 4s. 4d. Miss Wise was elected Vice-President, filling the vacancy caused by the death of Miss Macnaughten. This caused a vacancy in the Council, which was filled by the election of Miss Merchant. The other officers were re-elected for another year. Amongst other business, the meeting of the International Congress of Nurses at Cologne was discussed, and the Association agreed to send a member to attend the Congress. The meeting closed with a vote of thanks to the President, and tea was then partaken of.

We hope other Associations of Scottish nurses will also take part in the Cologne Congress.

## REFLECTIONS.

### FROM A BOARD ROOM MIRROR.

The King and Queen paid a surprise visit to Guy's Hospital last Saturday, and were conducted through the wards and various departments by Lord Goschen, the treasurer, Sir E. Cooper Perry, the Superintendent, and the Matron, Miss L. V. Haughton. Their Majesties expressed great pleasure at all they saw, including the Nurses' Home, which is indeed a model, and the new operating theatres, which have only quite recently been opened.

The Queen has given her patronage to a matinée to be held on May 16th, in aid of the funds of the Great Northern Central Hospital.

Queen Alexandra has sent a donation of £5 to the Welwyn Cottage Hospital, in acknowledgment of the care bestowed there upon the chauffeur of one of the Royal cars, who was injured while driving it to Buckingham Palace.

Sir Edwin Durning Lawrence announced at the Annual Court of Governors of the Royal Free Hospital, over which he presided, that a large area of land had been secured at the rear of the hospital, on which a new out-patient department would be erected.

The Duchess of Portland last week opened the fine new Nottingham and Midland Eye Infirmary, the ceremony taking place in a ward henceforth to be known as the "Portland," in the presence of a distinguished gathering, including the Mayor (Councillor E. Mellor), Sir Charles Seeley, and many others. In declaring the building open, the Duchess said that neither money nor skill had been spared to make it as perfect as possible, down to the very smallest detail.

At the annual meeting of The Hospital for Women, Soho Square, it was reported that on New Year's Day a lady called at the hospital and gave an anonymous donation of £100, in recognition of the kindness and treatment which she received in 1880 as an out-patient.

At the annual court of the corporation of King's College Hospital, Mr. Herbert Haynes Twining was elected treasurer of the hospital in succession to Mr. Charles Awdry.

Brentford Cottage Hospital has been excused payment of rates as so many old subscribers have recently fallen off.

Gorleston Cottage Hospital, Great Yarmouth, is now, for the first time, out of debt, chiefly owing to the contribution of Mr. Arthur Fell, M.P. for Yarmouth, who has divided his parliamentary salary among the borough hospitals.



The Taunton and Somerset Hospital, the Bridgwater Infirmary, and the Royal West of England Sanatorium, at Weston-super-Mare, have received splendid legacies from the late Mr. James Cook, of the latter town, as they are to divide the residue of his property between them upon trust in each case for "James Cook" bequests. They will receive at least £15,000 each, and in these hard times an immense boon it will be.

The Victoria Nursing Home for Nurses and Nursing, Hull, under the superintendence of the Misses Wilkinson, has removed into commodious premises in Park Street, where, in addition to accommodation for the private nursing staff, there are seven private wards, and two with four beds in each, for the reception of paying patients. There is also a well-equipped operating theatre, and no pains have been spared to equip the Home in accordance with modern scientific requirements.

On Friday evening last Sir David Gill, K.C.B., presented the awards and certificates for the year 1910-11 to students of the South Western Polytechnic Institute at Chelsea. In the course of his speech Sir David deplored the modern tendency to regard academic or other distinctions won at educational institutions as ends in themselves, rather than as means to the far higher end of honest unselfish work for the good of the world. Sir David pointed us to the upward way of continued endeavour and high aim, and told us that in after life it would not only be asked of us what honours had we gained—but rather, had we the working tools, in other words, the knowledge, which would enable us to fill our place in life efficiently—and that we should be called upon to answer the still more searching question: "Have you the character which will make you use your working tools *honestly* for the welfare of all?"

After the prizes had been given and speeches made by the chairman and his supporters, the various departments of the Institute were thrown open to inspection. Visitors had an opportunity of seeing all that is being done in such departments as that of Natural Science with its accompaniments of work in physiology and hygiene, and of hearing that in the coming session this work is to be housed in new and suitable laboratories which are being added to the building. Visits were paid to the Engineering and Chemical Departments. An organ recital in the Central Hall was a feature of the evening, and many specimens of the Domestic Arts were on view in the rooms devoted to cookery, needlework, and other sections of the subject now aptly christened "Housecraft."

### THE "GLAXO" BABY BOOK.

The latest edition of the Glaxo Baby Book, published by "Glaxo," 124, Minories, E.C., and dedicated to everyone who loves a baby, is most

daintily got up, and contains, in a very attractive form, a great amount of information valuable to mothers and nurses. Everyone knows that a baby ought to be fed on its mother's milk, which is its birthright for the first nine months of its life, but if for any reason it is inexpedient, or impossible, for it to have its natural food, then Glaxo can put in an excellent claim to consideration as a substitute. And indeed the decision as to a substitute is a momentous one, for, as the book under consideration points out—"Your baby is the most precious thing you have. His good health is the most valuable possession he can have. The foundation of this is laid in the first few months of his life and depends almost entirely on his diet: therefore the selection of a suitable food is not only all-important to his welfare but a heavy responsibility of yours." It contains as an inset a weekly weight chart which is a valuable guide to the condition of a child's health.

### HEALTH CONFERENCES.

Health Conferences and Exhibitions seem the order of the day—and it is to be hoped they will not be overdone. First comes the Fifth Annual Nursing and Midwifery Conference and Exhibition, from April 23rd to 26th, at the Royal Horticultural Hall, Westminster—and a second conference and exhibition at the same Hall, from June 24th to 27th. This latter conference will deal with (1) health of infants; (2) the health of boys and girls; (3) the public health; and (4) the care and cure of the sick. Among the exhibits will be cookery demonstrations, a model home and how to clean it, healthy occupations for boys and girls, and the methods whereby a knowledge of simple domestic hygiene may be applied to everyday life. Representatives of health organisations are invited to communicate with the promoter and organiser of the conference, Miss R. V. Gill (and to suggest any subjects for discussion), 23, Harvard Road, Gunnersbury.

### INTERNATIONAL SMOKE ABATEMENT EXHIBITION.

An important exhibition opens on Saturday, March 23rd, at the Agricultural Hall, Islington, under the auspices of the Coal Smoke Abatement Society. The Exhibition will comprise all the latest appliances for the use of smokeless fuels, both in the home and in the factory; and is, therefore, of interest both to the housewife and the business man.

Gas appliances for cooking, for hot water supply, for general heating purposes, will be attractively displayed, and cooking demonstrations given. The Gas Light and Coke Company will readily give tickets of admission to any of their consumers who apply at any of their offices. Fogs have been largely diminished in London, in consequence of the rapidly extending use of gas for fuel; and it is hoped the exhibition will do much to stimulate the movement in favour of Smoke Abatement.

## OUR FOREIGN LETTER.

### WOMEN'S EXHIBITION AND CONGRESS AT BERLIN.

☐ The Women's Exhibition continues open until March 24th; the Congress closed on the 2nd. Both have been enormously successful. At the Congress the hall was filled three times a day with more than 2,500 people. The greatest interest was taken throughout, and the papers and speeches were, many of them, of the very highest merit and interest. No point of woman's work or woman's life was missed. The titles of the papers, the subjects chosen, were a revelation in themselves as to how far the woman's movement has progressed in Germany—how much it embraces. From the care of the home, the question of a compulsory year of domestic service for every woman (analogous to the German man's military service), through the problem of women in the agricultural world, problem of the education of women in industry, Art, and manual labour, on to the burning questions of the competition of the sexes in professional life, the social duties of the woman to the community, women in political life—all these questions and many others crowded the busy hours of the Congress, which revealed all the depth and thoroughness of the German character at its best.

On March 1st Nursing was discussed and four papers were read on the social and domestic position of women; that by Oberin Countess Hertzberg was "In the Deaconesses' Homes." She pointed out that the ancient Christian deaconesses' Order was revived in 1836 by Fliedner, and that the evangelical deaconesses are servants of Christ, carrying out his will and aiding wherever body or mind are in need of help. Their work is not casual, but constant; it is their life's work and is actually and morally, though not legally, a branch of the Church which is the origin of its strength and which gives the work its aim and object, *i.e.*, the building of the Christian community. The Countess gave the number of deaconess mother Homes in the Kaiserswerth Union as being 84, of which 54 were in Germany, with 21,000 deaconesses and 6,031 centres of work. The income of the houses and Homes reaches the enormous sum of 205,285,000 m., or £10,264,250. The mother houses are the Homes and training schools of the Sisters, who are required to be of good morals, perfectly healthy, and to love Christ. The management of each Home rests in the hands of a Pastor, with a deaconess as Matron. The Pastor acts as the House Father, is the religious head and protector of the Sisters and is the executive manager of the community. The Matron (Oberin) does not seek to take the place of a real mother, but to advise, educate, cherish and serve the Sisters. The period of probation is from two to five years and ends with the initiation.

A Government examination has been voluntarily accepted by the deaconesses' Homes. The aims of the Sisters' education are to combine the

highest professional proficiency with the development of a Christian personality whose individuality is not crushed, but sanctified. No one is sent to work in foreign missions where there is danger to life without their personal desire. The professed Sister is socially protected, the mother house takes full charge of her in sickness, disablement and old age, and this absence of all care for the future enables her to be independent and whole-hearted in her professional work. The Countess claimed a lower death-rate for the deaconess than the independent nurse. The private fortune of a Sister remains at her own disposal or that of her heirs. The Sisters have a month's holiday yearly, which they spend either with their families, travelling, or in the rest houses of the mother house.

Sisters may leave the community either for marriage or any other reason if they desire to.

Surgeon-General Dr. Werner spoke on the "Red Cross Organisation," the backbone being, he stated, the Sisters of the Red Cross. They lived and worked in times of peace much on the same lines as the ordinary deaconesses, except that they receive a regular salary of from £12 to £30 and have received official permission to wear the Red Cross.

The number of these Sister houses in Germany is at present forty-five, with nearly 5,000 Sisters. They are bound, in the event of war, to contribute by the tenth day of mobilisation *at least* half their fully-trained nurses, also to aid in case of public need (presumably plague or pestilence), or to send Sisters to foreign countries if the Red Cross Convention requires them.

The third paper on nursing was by Sister Agnes Karll on the Duties of the State and Society towards the Professional Nurse. The main points of her address were the urgency of the alteration of the practical training of probationers from one to three years and the special training of Matrons and Sisters in their educational duties. She also urged the recognition as training schools only of hospitals having a certain number of beds and that the hours on duty should be legally regulated to prevent overwork in hospitals.

She called upon the public to take more interest in nursing matters generally in view of the great social duties of the profession, and to be more ready to make provision for their care in sickness and old age. She also touched upon good home training as needed to fit young women for the nursing profession.

Count Hans Praschma, member of the Reichstag, spoke of the Catholic orders, of the sacrifice young Catholic women made who left their homes and their families for their religion and their duty. Of the 75,000 Sisters in German Catholic orders, 25,000 were nurses.

A. K.

Miss L. L. Dock will sail for Europe early in July, and will visit Holland, and Belgium to see the new Nursing School at Brussels, on her way to Cologne.



## OUTSIDE THE GATES.

## WOMEN.

Friday is the fateful day on which the Conciliation Bill (Women's Suffrage) is down for second reading in the House of Commons. Whips will be sent out by supporters and opponents, and immense interest is being taken in the prospect of the Bill.

We wrote that paragraph in good faith. Alas! dear reader, pardon our credulity. On Wednesday, "very reluctantly" the Prime Minister "found it very difficult to resist the appeal" of the Leader of the Opposition, for one more day in which to discuss the Miners' Wage Bill—so the Suffrage Bill is postponed "to another Friday."

In a most touching and spiritual letter to the *Times*, Miss Elizabeth Robins points out the deep religious element in women's demand for the suffrage, and on Monday another great writer, Miss Beatrice Harraden, supports the contention that the ideal for which woman suffrage stands has come, through suffering, to be a religion. "It is" she adds, "the *Welt-schmerz* of the women. It is the accumulated sense of bitter wrong and injustice, borne patiently, too patiently, for centuries, and now in England finding expression in deeds of disorder which would never have been perpetrated but for the deliberate policy of provocation persisted in by this Liberal Government during these last six years.

Side by side with the spiritual, we have the brute force argument put forth by Dr. Leonard Williams, of Harley Street. Writing under the heading of "Insurgent Hysteria" this most unsympathetic physician—like the panic-stricken magistrates—has only the remedy of the lunatic asylum to suggest for those women who claim the power of the vote to protect their souls and bodies from the ruthless control of such men.

The annual business meeting of the Women's Local Government Society took place at the Caxton Hall, S.W., on the 15th inst., delegates from 23 of the affiliated societies attended. On the motion of the Chairman, Mrs. W. N. Shard, who presided in the place of Lady Strachey, a resolution was adopted representing the urgency of the need for the Local Government Qualification Bill. The following resolution was referred to a committee for further consideration: "That, with a view to increasing the share of women in the administration of local government, a woman's 'approved society' for England, under the National Insurance Act be formed as a separate section of the Women's Local Government Society, financially independent."

We are pleased to note that many classes of women are alive to the desirability of managing the finances of their own approved societies—and hope trained nurses will not "like sheep be led astray."

THE SEVENTH  
MARCHIONESS OF RIVIÈRE.

(Continued from page 196.)

## BOUNDLESS AND BEAUTIFUL.

O Heavens!—O beautiful and boundless sky!  
Upon whose breast stars and pale planets lie,  
Unnumbered and innumerable, ever  
Mocking with bright'ning eyes man's vain  
endeavour!

Thou radiant wilderness, through which the moon  
Moves like a spirit, without voice or tune,  
Accompanied, or song or choral shout,  
Save what the universal spheres send out  
For ages,—inadmissible, though vast and deep,—  
Thou world of worlds; within whose arms the sun  
Awakens; and, when his bright task is done,  
Like a reposing child, lies down to sleep,  
Amongst thy golden bowers!

— O gentle Heaven!  
Art thou indeed the home,—the happy shore  
Where creatures wearied of the earth are driven,—  
Where Hate is not,—where Envy cannot soar,  
And nought save unimaginable Love,  
And tenderest peace (a white and wingéd dove),  
And beauty and perennial bloom are seen,  
And angels breathing in Elysian air  
Divinest music, and young shapes more fair  
Than Homer's pacing soft through pathways ever  
green!

\* \* \* \* \*

Andrea closed the book and her eyelids, and slipped in search of Heaven, through the portal of dreams. Long had the moon moved like a radiant spirit through the cobalt of the boundless and beautiful, her lustre paling as the sun awaked, heralded by light, "Ethereal, first of things, quintessence pure—Sprung from the deep." As she passed she wondered if "tenderest peace, that white and wingéd dove," was what she sought.—The night was far spent, yet through her open casement the ceaseless sounds of life "like a wind that charges the flood" lashed her spirit. The echo of tired feet, the last shudder of a woman's soul descending into hell, the cry of the weak to the strong, the clinging of trembling hands, the pitiful heart-broken gasps of little motherless children.—She would go quickly at the dawn—Love would be waiting—but she would return.

\* \* \* \* \*

She stepped out of the shadow, the fragrance of woodbine, of wild roses, of meadowsweet—drawn out by the dewy dawn, cast a veil about her. The scent of flowers, how celestial a garment! Her winged feet kissed the glistening dews of the silvered pastures, and through the gates of night and morning she came to where the cowslips grew.

Rivière was there.

Of what account the realms of earth in comparison with this Garden of Gold?—God was



there in His azure Heaven. Earth but a dreary waste! Love had unbarred the gates of day, and stood expectant, half hidden in the glow of roses, girt with his gleaming garment as with a flame—The whole creation of the spheres was hushed yet resplendent.

*The beloved had come.*

Then throughout all space there was melody, of silver trumpets and golden clarions, rich viol, cymbal, pining flute, of singing pipes and strings!

O! Piercing sweet.

Thinkest thou that these mighty worlds are voiceless—thou that found glory in the sound of seas—and music in the twittering of birds? Know then that never has ear caught a chaunt of harmony so jubilant—as these two lovers heard.

Andrea and Rivière listened entranced—then he enfolded her—"Come," he said, "We have yet far to go."

Andrea rested her head upon his heart, and listened to its throbbing.

"I have not earned ecstasy"—she answered most sorrowful—"I must go back and work."

"Some time," he whispered, holding her close, "this fleeting hour is mine."

So all that day she lingered in the resplendent firmament, through the iridescent pearl of morning, and the dazzling noon, until the pensive hour of evening was passed, and again it was night.

"O Night! how beautiful this golden dress,

On which so many stars like gems are strewed,

So mild and modest in thy loveliness,

So bright, so glorious in thy solitude!

The soul soars upwards on its holy wings,

Through the vast ocean-paths of light sublime,

Visits a thousand yet unravelled things;

And, if its memories look to earthly time

And earthly interests, 'tis as in a dream—

For earth and earthly things but shadows seem;

While heaven is substance and eternity."

\* \* \* \* \*

And golden worlds in that wide temple glow,

And roll in brightness, in their orbits vast.

And there the future mingles with the past,

An unbeginning, an unending now.

\* \* \* \* \*

Again Love pleaded, and was denied. He kissed the hem of her garment and was gone.

\* \* \* \* \*

She was in darkness and alone.—She cried on Love but he came not back again for ever more.

\* \* \* \* \*

She ran stumbling into the night.—Somewhere a light twinkled—was it in Heart's Patch? Old familiar sounds broke on her ear, the whirr of mill sails, the sweet note of a night bird—the trickling of water over mossy stones—There, borne swiftly on the face of the waters, passed a little white corse with empty orbits—and on the bridge stood Lois—a cruel purple bruise about her throat.

"Come," cried she of ruddy hands, "we have great need of you," and she hurried into shades

infernal—where wraiths of women stood outcast, scarred with the mark of a beast most horrible which had eaten their fair beauty to the bone.

\* \* \* \* \*

Andrea opened her eyes—hot tears were on her cheek.

Anna Leroy knelt by the bedside.

"What time is it?" asked Andrea.

"About midnight."

"Have I slept all day?"

"Yes, dear—and many a day."

"Tell me."

"Not now."

Andrea turned her face to the wall.

*God was in his azure Heaven!*

ETHEL G. FENWICK.

(To be concluded.)

## BOOK OF THE WEEK.

### THE WEST IN THE EAST FROM AN AMERICAN POINT OF VIEW.\*

This book is delightful reading. Truth is not only stranger but often far more entertaining than fiction, and these travels in the East should be enjoyed even by many who, as a rule, vote such literature dull.

Of the women of India Mr. Collier writes:—

"I have just been guest at a splendid camp, where some seven hundred people were entertained for four days by one of the most enlightened native rulers in India. This ruler is a woman, Her Highness Sultan Begum of Bhopal. Here in India one finds a woman ruling with tact, with force and with success. Here, too, in India is the most marvellous memorial to a woman ever built with human hands. Woman at her highest, woman at her lowest, woman immortalised, and all here in India.

The description of the exquisite mausoleum built by Shan Jahan for his favourite wife, "Light of the Palace," is too long to give in detail, but the author says: "I saw it for the first time as the sun was setting, leaving it with the purple curtain of the horizon all about it.

"It looked as though a Titan had taken a huge piece of ivory satin, embroidered it, encrusted it with jewels, stuffed it into shape and set it on the sky. . . . It is the only building in the world that makes one wish to pat it, smooth it, touch it, as though it were the soft skin of a woman. It is not something you see; you feel it, hear it, taste it. . . . No other woman in the world has ever been praised in marble and jewels as is this woman, and no other woman ever can be. There have been greater men and lovelier women doubtless, and countless men who have loved as much, and many, no doubt, who have loved more, but every man who has loved a woman must

\* By Price Collier. London: Duckworth & Co.

envy this man for having done what he would wish to do, but may not do."

There is much more about this exquisite memorial to which we cordially refer our readers.

Under the chapter headed, "His Highness the Maharajah," is given a description of the lavish hospitality given to his guests, of whom the author was one.

Ordinary hospitality is nothing to the Oriental host. "He takes you from the station in a carriage with two turbaned servants on the box, and two standing on the footboard behind; he puts a whole house at your disposal, with a steward and a staff of servants. . . . He does not take you to the play, but he sends his whole troop of musicians and singers and dancing girls to give you an entertainment in your own drawing-room . . . his elephants, his wonderful white bullocks, his stable of horses, all these are at your disposal. . . . What puzzles him and those about him is that you should have fixed time for other visits, that you should consider time as a factor, or permit time to tyrannize over your inclinations. . . . One sometimes wonders if this does not prove an awkward thing when matters of business or diplomacy or administration are to the fore."

"Things Japanese" are full of interest. Mr. Collier fears he is not much of a Japanese blade, for after an entertainment at a tea house he asks to be excused at 10.30. "The dancing girls bow and smile and chatter as I leave, my friend tells me they suggest I shall marry them all and take them to America. I reply that nothing but our drastic emigration laws prevent that happy polygamous consummation of so pleasant an evening."

This volume, however, is not primarily one of interesting incident, but is a keen and intelligent study of Eastern thought and custom, and its author makes significant comment on the attitude of the East in general to Western civilisation.

H. H.

### THE MOTHER BOOKS.

A proof that "The Mother Books," translated by Aletheia C. Caton, are gaining the popularity which they deserve, is to be found in the fact that already it has been found necessary to publish a second and revised edition of "Children: A Mäerchen," by Hugo Salus. It is as charmingly produced as its predecessor, and the price, 1s. It may be obtained through all booksellers, or by post (1s. 1d.), from the publisher, A. C. Caton, 22, Mount Carmel Chambers, Kensington, London, W.

### READ.

"Margaret of France, Duchess of Savoy, 1523-74." A Biography. By Winifred Stephens. "Canadian Trails." Hither and Thither in the Great Dominion. By Eldred G. F. Walker. "The Story of a Ploughboy." By James Bryce.

### COMING EVENTS.

March 21st.—City Temple. Morning Service. The Rev. R. J. Campbell will speak on Woman's Suffrage.

March 23rd.—Annual Meeting of the Hendon Branch of the Central London Sick Asylum Nurses' League, The Infirmary, Colindale Avenue, Hendon, N.W. 4 p.m.

March 26th.—East London Nursing Society. Meeting at the Mansion House, the Lord Mayor presiding. 4 p.m.

March 27th.—Lecture on "The Bacteriology of Milk," by Dr. Ralph Vincent, Infants' Hospital, Vincent Square, S.W. 3.30 p.m.

April 15th.—Irish Nurses' Association. Lecture: "Babies," by Dr. Hastings Tweedy, 34, St. Stephen's Green, Dublin. 7.30 p.m.

### LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

### OUR PRIZE COMPETITIONS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Many thanks for the cheque for 5s. received to-day, on account of the Prize Competition.

Yours truly,

A. MILLICENT ASHDOWN.

11, Manvers Street, Bath.

### WHAT'S IN A NAME?

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Can you tell me why, if midwives and ward maids are eligible to join the Nurses' National Insurance Society being got up by the Managers of the Royal National Pension Fund, they are not included in the title of the Society. It should be called the "Nurses, Midwives and Ward Maids Society." It's this sort of thing we trained nurses don't like.

Yours,

A TRAINED NURSE.

(We suppose the precedent established by the R.N.P.F. is to be followed. It has always admitted men and others who are not "trained" nurses, and has omitted to recognise the fact in its title. Manage your own affairs, is the only advice we can offer.—ED. B.J.N.)

### SEX DOMINATION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I should like to express my great admiration for your reply to a would-be correspondent signing herself Miss M. T. (London).

One hopes sincerely that the lady is not a professional nurse.

Being a very ardent suffragist myself, it has grieved and shocked me many times to find Nurses so callously indifferent to this "sex domination," which, owing to social evolution, now works so harmfully to the community. Surely the large field for observation of human tragedy and suffering which is specially afforded to the modern nurse should make them quick to realise what a large factor for evil this sex inequality is?

One can understand the easily-swayed and unthinking mob condemning. For a nurse who probably has not done a hundredth part to heal the great "Hurt of Humanity" that such women as Dr. Louisa Garrett Anderson and Mrs. Pethick Lawrence have done, it would be utterly contemptible. Perhaps a little simple study of franchise reforms, and how they have been won, would cause such critics to be more reflective.

THE BRITISH JOURNAL OF NURSING is constantly giving its readers cause to be proud of its high ethical standards. It is a source of much help and pleasure to me personally.

A perusal of the Anti-Registration papers never fails to enhance its value in my sight!

Thanking you for your courtesy,

I am, dear Madam,

Yours faithfully,

ELEANOR FARRINGTON.

#### IS IT TO BE SEX WAR?

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—From the enclosed cutting from the *Globe* you will see that a number of students were charged at Bow Street with drunkenness and disorderly conduct following on the Hospital Football Cup Tie at Richmond on the 7th inst, and one prisoner said that he and his companions were mistaken for Guy's students "who had been demonstrating against the Suffragettes." All these rowdy young cubs were let off with practically no punishment, whilst long-suffering women, whose names are revered throughout the civilised world, have been sent to jail for two months with hard labour. Nothing more monstrously unjust could have been done by these partisan magistrates, and like all injustice, the community will sooner or later have to pay for it. The encouragement in high places of insults to women by drunken men in the streets is a very dangerous game to play. It is the thin end of the wedge of revolution, which does not stand upon the order of high-placed potentates once it lets loose the dogs of war. It should be remembered that some very aristocratic and plutocratic faces "peeped through the little window" during the Reign of Terror! When the mob comes along and smashes windows it won't go away empty-handed, and small blame to it after the incitement to trample on the most sacred traditions of civilization—incitement to insult obscenely the womanhood of the country. I heard disgusting observations made by drunken scum to decent women in the Opera House mob, and I saw a broad grin thereat on the face of more

than one constable—a burning shame to the manhood of England, if such a thing is still extant!

Yours truly,

MEMBER W.S.P.U.

(Savage as was the French Revolution, it was only a class war, but there is something infinitely more sacrilegious in this animal opposition to the freedom of the souls of women. It makes for sex war, which may ultimately touch the very source of human life at birth, and not merely in death.—Ed. B.J.N.)

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—It is to be hoped that the Deans of Guy's and the London Hospitals will do their duty to the medical schools of those institutions if, as the papers report, medical students on their rolls ragged and bullied women in the streets after their football match. If any class of men should respect women it is medical students, who can watch sisters and nurses day by day in the wards performing their duties in the most devoted manner for a mere pittance of salary in return. One begins to feel "Christian" England is unfit for women to live in.

Yours, &c.,

A LATE LONDON HOSPITAL SISTER.

#### REPLIES TO CORRESPONDENTS.

*Beth.*—We can thoroughly recommend the first ladies you mention as expert teachers of massage; the third we do not know. We do not know the price of the book, but write to Miss S. E. Tracy, Adams Nerve Asylum, Jamaica Plains, Massachusetts, U.S.A.

*Miss M. R. Rigby.*—You would be fortunate to be accepted as a probationer at the Leicester Infirmary; the General Hospital, Nottingham; or the General Hospital, Birmingham. The training at all three institutions is excellent.

*Miss James, London.*—Only comparatively few of the Nurse Training Schools have organised preliminary courses at present. Where they have been established they are invariably valued, but there are not a sufficient number of pupils of the same standing to form classes in any but the largest training schools.

#### OUR PRIZE COMPETITIONS FOR MARCH.

*March 23rd.*—How would you care for the dead, in a hospital, from the hour of death until the corpse is removed from the mortuary?

*March 30th.*—What special points would you observe in nursing a case of tuberculosis in a poor home?

#### NOTICE.

If unable to procure THE BRITISH JOURNAL OF NURSING through a newsagent, the manager desires to be informed of the fact. Copies can always be procured through Messrs. W. H. Smith & Son, and at the Offices, 431, Oxford Street, London, W.



# The Midwife.

## MIDWIVES OF NOTE.

### MADAME CAROLINE CORNU.\*

*President of the Society of Midwives of Geneva.*

Our venerable citizen, who delights to say "Je suis Genevoise," passes her days peacefully and happily, but not inactively, in her dainty apartment in the Rue des Alpes.

"You wish to speak to me," she said to the colleague who begins to-day in this paper a series of articles on the oldest members of professions in Geneva.

"With your permission, Madame. You have been mentioned to me as being the only midwife who has arrived at a great age without giving up her profession."

"It is true I am the oldest. I have colleagues who are some years older than I am, but they no longer practise."

"You will let me interview you?"

"In my days it was not done, but as you wish it—what do you wish to know of me?"

"You must begin from the beginning."

"Oh, yes, by my birth. I am at home on the subject of births. Well, I was born May 21st, 1838. I studied at Bourg, because in my time they did not train at Geneva.

"I am seventy-four years old, and have practised from the time I was twenty; that makes fifty-four years; that is something!"

"Yes, Madame, it is splendid. Have you counted the number of your cases?" "Yes; I have been consulted during this length of time by thousands of mothers, and I have assisted at rather more than 3,000 births."

"You have seen much trouble?" "Yes, and I have had my own also." And Madame Cornu related with much emotion a tragic scene, which resembles the most touching passages of "The Country Doctor."

"My poor husband was in the agonies of death. He was going, and I knew that I was liable to be called at any moment to a case, as the hour of one of my patients had arrived. The bell rang. They came to fetch me in a motor car. I was expected at Bessinges. What was I to do? I knew that the child would not arrive for some hours, but my husband would leave me for ever in a few moments. I sent for one of my colleagues, and she went in the motor car. The following morning I heard that

the child had opened his eyes just at the time my husband had closed his."

The venerable woman who has seen so much sorrow bears her own, but she is seized with a slight trembling when she recalls these painful hours.

Madame Cornu continued: "Now I am resigned and peaceful. I live alone with 'my business,' but I am surrounded by members of my family. I should be very happy if I had not from time to time a little annoyance."

"What is it, Madame Cornu?"

"I will tell you of the last. It was from 'up there' (the authorities). Imagine at my age sending me a letter asking what I earned, and I must answer in the envelope that was not even prepaid. So I took my pen and wrote a nice letter to those gentlemen. I have a little income to live upon, but at seventy-four I cannot go every day to 'make one.' I wrote to those gentlemen that it is they who ought to pay me the tax for having assisted more than 3,000 citizens to enter the world who certainly pay their taxes—for me."

"You are right, Madame Cornu. I will say a word for you 'up there.' I have kept my word."

## QUEEN CHARLOTTE'S HOSPITAL.

Viscount Portman presided at the recent annual meeting of governors and subscribers of Queen Charlotte's Hospital.

The report stated that during the past year, 1843 patients had been admitted to the wards of the hospital, and 2296 others had been attended and nursed in their own homes. There had been a considerable falling off in the income derived from donations and legacies, resulting in a deficiency on the year's working of £1,970.

The pupils of the hospital have again been very successful in the examinations of the Central Midwives' Board. An important step has been taken during the year, in the formation of the Ladies' Association in connection with the hospital. The association has already upwards of 150 members, and subscriptions and donations received during the year amounted to £155. The Ladies' Executive Committee resolved to spend £100 on linen for use in the wards, and to subscribe £50 annually for naming a bed in the hospital called "The Ladies Association Bed."

Reference was made to the effect it was feared the National Insurance Act would have on the income of voluntary hospitals, and it was pointed out that it was most unlikely the majority of the patients relieved by the hospital would become

\* Translated from *La Tribune de Genève*, March 11th, 1912.

entitled to receive the Maternity Benefit. It was estimated that the insurance of its employes, would cost the hospital over £150 per annum. The Chairman made an urgent appeal for additional support for the hospital to enable the committee to clear off the deficit.

### CENTRAL MIDWIVES' BOARD.

A meeting of the Central Midwives' Board was held at the Board Room, Caxton House, Westminster, on Thursday, March 14th, Sir Francis Champneys in the chair.

#### CORRESPONDENCE.

The correspondence included letters informing the Board that the following members had been re-elected by the respective authorities, as their representatives:—Miss Rosalind Paget, for three years (Queen Victoria's Jubilee Institute); Sir H. G. Fordham, for three years (County Councils Association); and Mr. E. Parker Young, for one year (Society of Apothecaries).

#### REPORT OF STANDING COMMITTEE.

A letter was considered from the Medical Officer of Health for Devonport, enquiring (1) As to the giving of a certificate of still-birth by a midwife; (2) As to the attendance at a confinement of a pupil midwife not under the immediate supervision of a certified midwife; (3) As to whether in the opinion of the Board a midwife's superficial examination of the dead body of a child entitled her to certify that the child has not breathed.

The Board decided to reply (1) That the midwife was wrong in giving a certificate of still-birth, as she was not present at the birth; (2) That the trainer is responsible for each case attended by a pupil; (3) That this question is covered by answer (1).

A letter was considered from the Clerk of the Worcestershire County Council, enquiring as to the Board's decision in the case of a certain midwife not to remove her name from the Roll, but to caution her, and to ask for a report from the Local Supervising Authority. The child in this case died, and at the subsequent inquest the jury brought a verdict of neglect and incompetence against the midwife. The L. S. A. asked for information, for future guidance.

It was decided to adopt the letter drafted by the Chairman, and to say that, if the Worcestershire County Council were to send up a reporter to the penal meetings of the Board it would probably understand better the reasons influencing its decisions.

A letter was considered from the Clerk to the London County Council, asking the Board to supply the Local Supervising Authority with a copy of counsel's opinion, on which the Board's decision in the case of Sarah Jane Gibson (No. 3650) was based. The Board decided to reply that it regretted it was unable to comply with the request.

A letter was also read from the Clerk of the London County Council, informing the Board that the Local Supervising Authority had not found a *prima facie* case of malpractice, negligence, or misconduct to be established against the certified midwife as to whom a complaint had been made by one of the Board's recognised teachers. The Board agreed to thank the London County Council for their letter.

A letter was read from an Inspector of Midwives, as to the extent of the obligation to attend to the comfort of the mother and child entailed on a midwife by Rule E. 11. The Board replied that the midwife is responsible if the baby is not properly cared for.

#### APPLICATIONS FOR REMOVAL FROM THE ROLL.

The applications of nine midwives for removal from the Roll were granted.

#### APPLICATIONS FOR RECOGNITION.

The Worcester City and County Nursing Association was approved as a training school; and Dr. David Fenton as a teacher.

The application of the Secretary for an increase of salary was referred to the Standing Committee. Its decision to be circulated, and come up before the next Board.

The Chairman reported that he had had a conference with the Chairman, Matron, Secretary, and other representatives of the City Road Lying-in Hospital, respecting the supervision of the District Midwives, which had proved most satisfactory.

It was decided that the examination fee for a candidate, excluded from an examination for want of an admission card, should be 15s.

#### REPORT OF FINANCE COMMITTEE.

The Chairman reported a deficit, and said that the Board would have to sell out its only remaining security. It was a pity to be obliged to do so now stocks were down, but it was necessary to have a deficit before the funds of the County Councils could be called upon.

#### RESOLUTION.

Mr. Parker Young then moved: "That in the opinion of the Board the time has arrived when steps should be taken to provide for the payment of the expenses of country members when attending meetings of the Board, as recommended in the Report of the Midwives' Act Committee more than two-and-a-half years ago; and that a copy of this resolution be forwarded to the Lord President." In moving the resolution, Mr. Parker Young said they had an excellent precedent in the action of Members of Parliament, who paid themselves £400 a year. Dr. Herman seconded. Mr. Golding Bird said he would be sorry if the recommendation applied to country members only. He was a man of comparative leisure, and expense had never kept him from a meeting, but some of the London members were still earning their living, and their time was valuable. The Chairman thought if they were paid at all they should be paid handsomely. Ultimately the matter was referred to the Standing Committee, to consider and report.

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## EDITORIAL.

### THE PAYMENT OF PUBLIC BOARDS.

The resolution moved by Mr. Parker Young at the last meeting of the Central Midwives Board, to the effect that steps should be taken to provide for the payment of the expenses of country members when attending meetings of the Board, embodied an important principle.

We are in agreement with Mr. Golding Bird, however, who held that it would be a mistake if only the country members were remunerated, for, while the out-of-pocket expenses of such members are of course greater, and their loss of time more considerable, life in London is lived at such high pressure that every moment has its monetary value.

The principle of the payment of members of such bodies as the Central Midwives Board is good because the area from which the members can be drawn is thereby enlarged. In the case of a Board which is unremunerated, only such persons as have time at their disposal, and can afford to give their services, are available; and this naturally greatly restricts the candidates. On the other hand, there may be many who would prove eminently desirable members who cannot allow themselves to be nominated because of the financial loss entailed, for work on public bodies not only means that considerable time must be devoted to the duties connected with the office, but certain out-of-pocket expenses are also unavoidable. Service is therefore practically restricted to persons with leisure and means, while it will hardly be contended that the brains and expert knowledge which it is desirable to utilize in the public service are the exclusive monopoly of the well-to-do.

The Central Midwives Board is fortunate in its members, the majority

attending regularly and punctually, and remaining till the conclusion of the proceedings, but its composition would unquestionably be greatly strengthened by the addition of one or more working midwives, who could bring to its deliberations a special kind of practical knowledge now wholly lacking, and which working midwives themselves keenly feel should be represented on their governing board.

A Midwives Board without provision for a single midwife upon it, is just as much an anomaly as the General Medical Council would be without a registered medical practitioner upon it. It is inconceivable that such a grotesque proposition would be tolerated for a moment by the medical profession, nor would such a suggestion ever be made to a profession consisting mainly of members of the male sex, who can influence legislation through their Parliamentary votes.

It is true that one member of the Central Midwives Board (Miss Rosalind Paget) happens to be a certified midwife, that her knowledge is a valuable asset to the Board, and her services to midwives leaves them her debtor, but she is the nominee of the Council of Queen Victoria's Jubilee Institute, and should she resign her seat it by no means follows that a midwife would be appointed as her successor.

It is of urgent importance that provision should be made, by an Amending Act, for the inclusion of certified midwives on their governing body, as the direct representatives of their colleagues; and as the majority of midwives who practise their profession are dependent on their earnings—their very hardy gained earnings—for their support, it would greatly facilitate their appointment if the services they are prepared to render to the State on their governing body were recognized and remunerated.



## THE X-RAYS AND THEIR USES.

By H. GORDON WEBB, M.R.C.S. Eng.,  
L.R.C.P. London.

"Now, Nurse, tell me, please what you know about X-ray work."

This is a question which is being asked fairly frequently by the superintendents of large nursing associations, especially in the big towns. In the future this question will be asked still more frequently, and no doubt the answer given will determine to some extent the final position allotted to the nurse in the association or nursing home. In most of the large hospitals at the present day, particularly in the provinces, the routine work of the treatment of the patients in the "X-ray" out-patient department is left largely to some of the senior

The glass bulb is shown, and so are the various tubes leading off the main bulb.

When the tube is nearly ready for use, the side tube A is joined to the emptying pump. When the vacuum is high enough, the tube A is sealed off and left as shown in the sketch.

The electric current (after being specially manufactured in a high-tension coil) is brought by means of a wire to the end of the rod B. It passes through the tube and leaves by the rod C.

Whilst passing through the tube the X-rays are made. Owing to the fact that a very small portion of air is left in the tube, we find that the particles of it are rushing about in the tube in a very "pell-mell" way. When the current begins to pass, these particles commence to stream away from the plate D on the

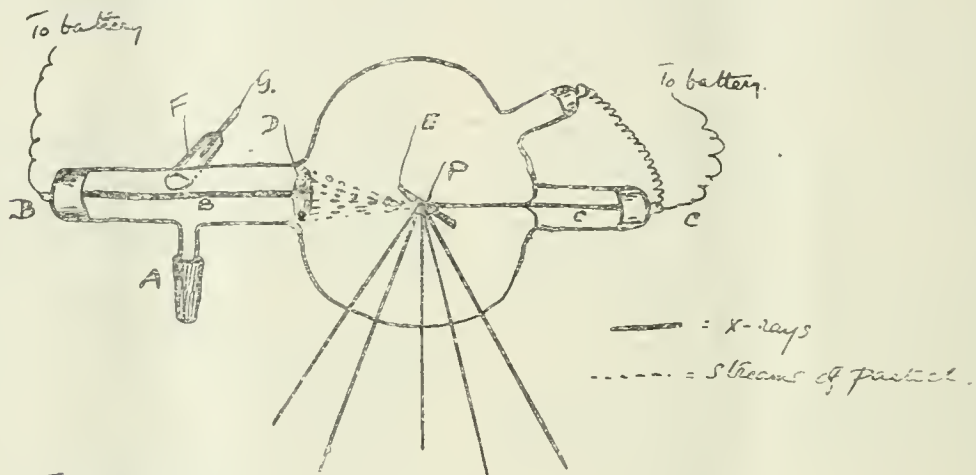


Figure 1

nurses, although the honorary-in-charge keeps a watchful eye on the progress of each case.

When Röntgen first discovered the uses to which the X-rays could be put in showing up the bones as distinct from the other tissues in the hands and feet, no one, however bold, could have predicted to what an enormous extent the science of radiography and radiotherapy would develop.

In the early days of the work a photograph was considered very good if it just showed some sort of hazy outline of the bone. Now-a-days it would be considered very bad work if the tiny fibres which make up the centre of the shaft of a bone were not very distinctly shown.

The main portion of the modern X-ray apparatus consists of a focus-tube almost exhausted of air. (See Fig. 1.)

Here we find a diagram of an ordinary tube.

rod B to the plate E on the rod C. Just at the point P on the plate E the X-rays are produced. The particles now stream round in curves till they arrive at the plate D again. Thus the process continues whilst the passage of the current lasts.

In order to render the rays visible to our eyes, we require a very special and expensive screen made of tiny crystals of a compound of platinum spread in a very even and thin layer on parchment.

If we hold the screen up to the tube with the crystal side towards us, we find that when the tube is "working" we get a peculiar green colour produced on the screen. This is not seen if we look at the other side of the screen.

If now we put a hand between the screen and the tube, we will find that the shape of the hand is clearly shown. Inside the outline of

the hand we notice that the harder parts, like the bones, stop more rays than the muscles, and so appear as darker shadows. An X-ray picture is essentially a "shadow" one. Hence we can see that the photograph which is taken magnifies the thing. The X-rays always magnify any defect or malposition.

If the screen is allowed to be acted on for a considerable time by the rays, we notice that it turns to a yellowish colour. If now allowed to stay in the sunshine for 24 hours the colour returns to the normal greenish one. We shall have to refer to this peculiarity when studying the treatment of ringworm.

It must be remembered that everything connected with the actual *seeing* of the rays must be done in an absolutely *dark* room. Photographs and treatment can be done in any light.

If the rays are allowed to act on the skin for a great length of time a burn results. We must therefore protect ourselves by always wearing large aprons of indiarubber saturated with lead. Gloves of the same material must also be worn.



Figure 2.

When looking through the screen to see anything, we generally wear goggles made of lead-glass.

In taking a photo, we place an envelope containing a special X-ray plate on a hard table or board, and put the hand or arm or leg on it. We then arrange the tube directly over the part to be taken. Another way to take a kidney or spine (and this is by far the best way) is to put an air-pillow on the table and then make the patient lie flat on the table with his abdomen resting on the pillow. The tube is then arranged under the table, and the plate is kept in position on the back by means of pieces of lead. (See Fig. 2.)

The principle of taking the photograph is the same in every case, but it depends largely on the kind of case, thickness of the part, and strength of current, as well as condition of the tube, how long the exposure must be.

In making examinations we sometimes require a special preparation of the patient. For example, when photographing the kidneys, or

liver, or bladder, or the lower portion of the spine, it is necessary to have the patient on a milky diet for three days previously, and to give Mist. Alba every night for a week before the event. An enema is given on the two mornings preceding the ordeal, and a turpentine enema about two hours before. By this extended treatment we reduce the likelihood of interference with the picture, by constipated motions and flatus, to a minimum.

When examining the stomach for growths, &c., we treat the patient as if the case were one for gastro-enterostomy, except that we leave out the special antiseptic treatment. Immediately before the screen examination takes place, the patient undergoes gastric lavage. At the side of the apparatus a small table is placed, and on this is a bowl containing porridge, to which a certain quantity of bismuth carbonate has been added. The patient gradually eats this "delicacy," and, after the swallowing of each mouthful, is subjected to a searching screen examination. At the end his stomach is examined, so as to see if the bis-



moth shadow there is at all abnormal. Many conditions, such as cancer of the stomach or œsophagus, can thus be demonstrated. Hour-glass stomach throws a very typical shadow on the screen.

A thorough screen examination will reveal most conditions of internal growths in kidneys, spine, lungs, bladder, bones, muscles or brain. Stone in the kidney, ureter or bladder is evident at once, but gallstones are practically never discernible on the screen, although some workers profess to have photographed them.

Tuberculosis of the lungs can often be seen with great distinctness long before the most experienced specialist in lung conditions can be certain that there is any definite lesion at all. Tubercular troubles in the glands of the mediastinum, neck or axilla show up very well. Aneurysms and dilatation of the heart and effusions into the pleura are conditions which can always be definitely diagnosed.

Foreign bodies swallowed, if of a metallic or solid nature, can be localised at once, and that

"terror" of the house-man and casualty sister no longer exists—namely, needle in hand or foot. Its position is found at once, and frequently the radiographer will fix it by putting a pair of pressure-forceps into the wound, and, looking at the screen, grasp the offending needle in the tips of the instrument; he then sends the case back for the end to be carefully dissected out in a good light.

Fractures can be much more successfully "set" now, for the splints are frequently put on under the screen, so that the final adjustment shall be as perfect as possible.

*(To be concluded.)*

## OUR PRIZE COMPETITION.

WHAT SPECIAL POINTS WOULD YOU OBSERVE IN NURSING A CASE OF TUBERCULOSIS IN A POOR HOME?

We have pleasure in awarding the prize this week to Miss Margaret Bamford, 80, Nichols Square, Shoreditch, N.E., for her paper on the above question.

### PRIZE PAPER.

The two forms of tuberculosis most commonly met with in nursing among the poor are phthisis in its later stages, and tubercular disease of bone, with suppuration.

The objects to be attained are the maximum of comfort for the patient and the minimum of danger for others, the special points for insuring these being: (1) Fresh air; (2) isolation of the patient; (3) cleanliness of his person and surroundings (including wounds); (4) observation of the other members of the family, especially the younger ones.

Popular opinion, at least in London, is becoming noticeably more educated on the first two points, and it is comparatively easy to secure widely opened windows and unstopped chimneys.

Isolation is rather more difficult, but a separate bed must be insisted on, even if a separate room is out of the question. Failing this the patient must be urged to go to the infirmary. Unfortunately, sanatorium treatment at any stage of the disease is almost an impossibility for the majority of poor, though the Charity Organisation Society does much good work in some cases.

The dieting of the patient has to be regulated chiefly by his circumstances, but he should be told to take as much as possible digestible and fat-forming foods, and cod-liver oil is probably prescribed. In cases of extreme poverty there is usually some charitable or parochial agency, which will supply him with milk and eggs. In phthisis the danger of the

dry sputum must be explained to the friends. The patient's room is cleared of all superfluous articles, the floor left bare and washed frequently, and a damp cloth used for dusting. He is provided with a spittoon, lined with paper; the contents are burnt in the kitchen fire sufficiently often not to become dry, the spittoon being scalded twice daily, and he is also provided with pieces of rag or soft paper for handkerchiefs, into which he is taught always to cough, and which are also burnt. His feeding utensils are kept separately, and are scalded after use. In notified cases, disinfectants are supplied free by the Sanitary Authority.

In acute cases the patient has a daily or twice daily visit, with the usual nursing routine of tepid sponging, cleansing the mouth, and the prevention of bed-sores, the latter point needing special care in district nursing, where flock beds are more common than air-pillows.

Tubercular abscesses are dressed daily. The dressings are cut up on a clean towel and kept in a tin box, and instruments, tubes, or plugging are boiled in a small portable steriliser.

It is an important duty of the nurse to watch for any symptoms of tuberculosis among the other members of the family, and to see that medical advice is immediately sought should such symptoms appear.

### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss E. M. Rogers (Hamp-ton), Miss A. Phipps (London), Miss G. Tatham (Rochampton Vale), Miss A. M. Cameron (Torquay), Miss J. M. Stevens (Bristol), Miss Elizabeth Martin (Halifax), Miss O'Brien (Cork).

Miss Rogers writes that she would "attend to the patient's bodily comfort. If there has been hæmoptysis take great care not to move the patient more than absolutely necessary, and give only cold milk diet, and, if obtainable, ice to suck. The patient should be placed in a half-sitting position while hæmoptysis is present, and should be turned on the side of the affected lung (if only one is affected), with the soundest lung uppermost. Nitrate of amyl inhalation (if ordered) often gives relief, and helps to stimulate the heart after hæmoptysis."

Miss Martin points out that "in pulmonary tuberculosis the tubercle bacillus enters the system by the respiratory tract, the infection derived from tuberculous sputum being carried by the air. Therefore, when nursing a case, all sputum must be mixed with 1 in 20 carbolic solution and allowed to stand for an hour before being emptied." She adds further that



"A much better method is the use of fireproof sputum mugs, when the mug with the sputum may be placed in the fire. The sputum is then burnt, and at the same time the mug or spittoon is sterilized for use again."

Miss Stevens mentions the necessity for fresh air. Also that if the patient must sit in a small room it must be clean and airy. "No one should sit between a tuberculous person and the air exit."

"A liberal and nourishing diet is essential, and is often a difficulty. Good dripping may sometimes be substituted for butter, and suet puddings, if well and lightly made, can, to a certain extent, replace meat."

"Pea-soup is cheaply made and very nourishing, and so is oatmeal porridge. Fat bacon, and bread fried in bacon fat, may be given freely, if digestion is good. Milk, butter, eggs, and cream should enter into the diet as much as possible."

#### QUESTION FOR NEXT WEEK.

What would you do in case of hæmorrhage from the uterus?

### THE QUEEN AND THE NURSES OF INDIA.

The Trained Nurses' Association and the Superintendents' Associations of India are much gratified at the gracious reply sent by the Queen to their Address to Her Majesty when in India. The letter is addressed to Miss Grace Tindall, the President of the A.T.N.S., and states: "The Queen-Empress desires that her warm thanks may be conveyed to the members of these Associations for their loyal and affectionate address of welcome. Her Imperial Majesty will watch the progress of their work with the deepest sympathy, and she prays that God's blessing may attend their efforts to alleviate suffering and distress."

Miss Tindall, writing in *The Nursing Journal of India*, remarks: "The assurance of our Queen-Empress' deepest sympathy and prayer, coupled with the gracious acceptance of our humble welcome, is enough to put fresh heart into the most forlorn hope . . . and we may well go forward with a steady earnestness of purpose and endeavour, grateful that Her Imperial Majesty has allowed our aims and work to be put before her, and certain that no message coming from her is a pretty sentence of mere empty words, but that when she tells us she 'will watch the progress of our work,' she means what she says, and that our Associations will not be 'out of sight, out of mind,' with our gracious Queen."

### THE CONGRESS AT COLOGNE.

Regarding "Our Cologne Congress" Sister Karll writes:—

"The time of intensive preparation for the same draws near. The Ministry for Foreign Affairs has declared itself willing to acquaint those foreign Governments concerned with the same. The invitations to the various German nursing institutions are being gradually despatched; also those to industrial firms interested in the Nursing Exhibition."

Sister Karll is pleased to report that many Papers are already promised, and the characters for the Nursing Pageant are being taken up. This great international gathering and exhibition is a tremendous undertaking, but, knowing the splendid organizing abilities of Sister Karll and her colleagues, we are sure it will be a fine success, and we are going to do all in our power to help to make it so.

Miss Dock will be in Germany in July in time to fix up the business meeting of the International Council, and Mrs. Fenwick and Miss Cutler have arranged to be in Cologne in time to give a helping hand.

Miss Kelly, Lady Superintendent, Steevens' Hospital, Dublin, has consented to act as Delegate of the National Council of Nurses in the place of the late Mrs. Kildare Treacy, at the meeting of the International Council of Nurses and Congress at Cologne in August. The other three Delegates who have accepted nomination are Miss Rogers, Leicester; Miss B. Cutler, Hon. Secretary; and Miss C. Forrest, Hon. Treasurer.

### THE NURSING AND MIDWIFERY CONFERENCE.

The Nursing and Midwifery Conference and Exhibition which is to open at the Royal Horticultural Hall, Westminster, on April 23rd, is drawing near, and nurses who wish to attend should at once communicate with Mr. Ernest Schofield, in reference to cheap railway and season tickets.

A great deal of time has been given to the organisation of both the Conference and Exhibition this year, and we hope to see and learn many new things.

#### SOME OF THE PAPERS.

Amongst the Papers which are to be read and discussed are:—

#### APRIL 23RD.

"How to Work Up a Connection," by Miss E. M. Waind. "New Methods in Medical Nursing," and "New Methods in Surgical Nursing," by Miss Alice M. M. Park. "How to Start a

Nursing Home," and "The Systematic Training of Nurses." "Nursing as a University Subject," by Miss M. S. Rundle.

#### APRIL 24TH.

"Branches of the Nursing Profession," by Miss Catherine Crowther (Q.V.J.I.). "Occupations for Elderly or Delicate Nurses," by Miss Spencer (Central Bureau for the Employment of Women). "Visiting Nursing," by Miss Moore. "Nursing Ethics," by Miss E. M. Fox. "Some Difficulties of the Private Nurse," by Miss Isabel Macdonald. "Nurses I Have Known."

#### APRIL 25TH.

"The Work of a Maternity Association and Mothercraft Club," by Miss Morgan, Canterbury. "On Preparing and Reading Lectures," by Miss du Sautoy. "Tuberculosis Visiting Nursing," by Miss Wills, Miss Lucy Glass, and Miss Pye. "School Nursing," by Miss March. "Infant Protection Visiting," by Miss Ewens. "Notification of Births Act," by Miss Agnes Tyson. "Schools for Mothers," by Miss L. Odell Carter. "District Nursing," by Miss Buckle. "Co-operation of Charities," by Miss Marsters.

#### APRIL 26TH.

"Mental Nursing," by Miss Head. "Eugenics," "The Insurance Bill" and "Psychology." "Women Suffrage," by Miss M. O. Haydon. "Some Legal Points for Nurses," by A. M. Brice, Esq., Barrister-at-Law. "State Registration for Nurses."

#### MIDWIFERY PROGRAMME.

"Some of the Directions in Which the Training of Midwives in the Methods of Infant Feeding may be Improved," by Dr. Eric Pritchard. "The Need of Co-operation Between Health Authorities and Midwives on the Question of Infantile Mortality," by Mrs. Greenwood. "Infant Feeding," by Dr. Dingwall Fordyce. "Midwives and the National Insurance Act," by Dr. Marion Andrews. "Midwives and Prevention of Disease" by Miss Steen. "Now to Start Midwifery Associations," by Mrs. Glanville. "Work at Mothers and Babies' Welcome, and Co-operation with Midwives and Hospital Almoners," by Mrs. Barbes. Mrs. Margaret Lawson will also speak.

It appears to us extraordinary that the question of State Registration of Nurses should be relegated to the last Session of the Conference, and, moreover, be the last subject put down for discussion in a short session in which Women's Suffrage and Legal Questions take precedence. If it is not possible to give time for the adequate discussion of the subject, which is more important than any other on the programme, it would surely be better to omit it.

In the Exhibition THE BRITISH JOURNAL OF NURSING will be found at its accustomed corner, Stand 11b, where, no doubt, as heretofore, it will be visited by many friends new and old. It takes this opportunity of offering a hearty welcome to them all.

## STATE REGISTRATION IN QUEENSLAND.

*The Australasian Nurses' Journal* expresses the opinion that, provided the Board elected under the Health Act Amendment Act—which provides for the registration of general, midwifery, and mental nurses—is one conversant with the present-day standard of nursing, and has at heart the interest of the nurses, the Act should be one with which the Queensland Nurses may rest satisfied. The Clauses dealing with registration of nurses are published, and are calculated to maintain a high standard.

## THE TRAINED WOMEN NURSES' FRIENDLY SOCIETY FOR THE UNITED KINGDOM.

The Hon. Secretary, Miss Mollett, will be pleased to hear the opinion of any matron or nurse who has received a copy of the Draft Suggestions for Forming a Trained Women Nurses' Friendly Society, so that she may bring them forward at the next meeting of the Provisional Committee in April. Address 431, Oxford Street, London, W.

The statement which has appeared in a lay nursing paper closely associated with the R.N.P.F., that the Provisional Committee of the Trained Women Nurses' Friendly Society for the United Kingdom "wished Ireland to join them as a Branch, but as the feeling of many Irish nurses was in favour of forming an independent insurance society for themselves, it was resolved to call a meeting to consider the whole question," is entirely incorrect. No such invitation or suggestion has been made by the Committee. The Draft Suggestions sent out by that Committee for the consideration of individual matrons and nurses provide for the formation of a Trained Women Nurses' Friendly Society for the United Kingdom, on the General Council of which every member, whether resident in England, Scotland, Ireland, or Wales, *shall have equal voting power*. It moreover provides for four National Councils, *not Branches*, composed of the members in each part of the Kingdom, with power to elect their own Boards of Management, so that by a system of devolution the nurses insured in each country would control their own business. As, no doubt, this inaccurate statement has been published with the purpose of discouraging trained nurses from forming a self-governing Friendly Society and controlling their own money, we hope they will realise its significance.

## THE IRISH NURSES' ASSOCIATION.

### THE ULSTER BRANCH.

The annual meeting of the Ulster Branch of the Irish Nurses' Association was held in the Deaf and Dumb Institute, College Square, Belfast, on the 15th inst. Miss Workman, Hon Sec., read the annual report, and stated that the Executive Committee had met five times, the Amusements Committee twice, and that there had been several picnics and social meetings, and two lectures.

Referring to the annual report read by Miss Workman, the President, Lady Hermione Blackwood, from the Chair, urged the members of the Association to try and increase the membership, and quoted the words of two leading members of the nursing profession, one of whom had said that Leagues and Associations should be joined not for what the members could get out of them, but for what they could give to them, while another had said that nurses failed lamentably in regard to supporting their own profession. Lady Hermione spoke of the great loss the nursing world had sustained in the recent death of Mrs. Kildare Treacy, and said if there were a few more women with her ideals, energy and enthusiasm in the nursing ranks, the profession would occupy a far better position than it does to-day.

#### ELECTION OF OFFICERS.

Miss Tate was elected, and Miss White was re-elected as Vice-President for the coming year.

Miss Newman, Miss White, and Miss Workman were re-elected on the Finance Committee, and Mrs. Campbell, Misses E. Campbell, Douglas Elliott, E. Hamilton, H. Noble, MacMahon and Selway were re-elected on the Amusements Committee.

#### NURSES AND NATIONAL INSURANCE.

The Chairman then introduced Dr. Marion Andrews, who had very kindly consented to address the meeting on the subject of the Insurance Act.

She prefaced her remarks by saying that as the Insurance Bill, whether the nurses liked it or whether they did not, had become an Act of Parliament, it was absolutely necessary they should try to understand its main provisions, and should decide whether they would form a Friendly Association of their own or would join any existing Friendly Society. She then proceeded in a very clear and interesting way to explain the chief points of the Act, and at the close of her address said she would be glad to answer any questions. She was asked what guarantee there was that the minimum 7s. 6d. promised by the Act would be the minimum, also whether disablement benefit would be granted to a nurse who might be incapacitated from following her profession, but who was not absolutely incapable of earning a little in other ways. To the first question Dr. Andrews replied that there

was no absolute guarantee that the minimum promised by the Act would be the minimum, but that if nurses were careful to join good strong well-managed Friendly Societies, there was no reason to fear that the minimum would be less than 7s. 6d. To the second question she replied that though by the wording of the Act the disablement benefit would seem to apply only to those who were totally incapacitated from work of any kind, she thought that the meaning could be interpreted as it was in the Insurance Act in Germany, and that disablement benefit would be granted to any who were proved to be incapacitated from following their usual profession, and who were not able to earn more than one-third of their former salary. A voice from the audience asked, "And if I am never ill what benefit do I get by insuring?" Dr. Andrews replied that as nurses usually got medical attendance and board free, and as a rule were healthy women, it would be to their advantage to join Friendly Societies composed of nurses only, as then they could make arrangements suited to their peculiar condition.

The Chairman then read a letter from the Secretary of the Irish Nurses' Association in Dublin, saying that their Association was anxious to form an Irish Nurses' Friendly Society, which could be affiliated to Nurses' Friendly Societies in England, Scotland and Wales, and which would then be a strong body, and that she would be glad to hear whether the nurses in the North of Ireland would be ready to join such a Society if it was formed.

The Chairman then explained that the National Pension Fund for Nurses was starting a section for insurance under the Act, and that all nurses must decide for themselves which of the two Societies they would wish to join, but in any case it was evident that it would be to the advantage of all nurses to join Societies that only took nurse members.

Dr. Marion Andrews remarked that if only the Act for the State Registration of Nurses had been passed the word "registered" would naturally have been inserted before the word "nurse" in the clause relating to their employment under the Act.

A vote of thanks to Dr. Andrews for her instructive address was proposed by Miss White, Superintendent of the District Nurses' Home, and was seconded by Miss Dorwood.

A vote of thanks to Miss Workman, the capable and energetic Hon. Secretary was then proposed and passed.

Dr. Andrews kindly volunteered to go to any Hospital or nursing institution to give further explanation of the Act, and several Matrons present declared they would be glad to avail themselves of her offer. It was suggested that when more nurses had been instructed in the provisions of the Act, a public meeting of nurses might be called in order that their wishes as regards joining an Irish Nurses' Friendly Society or the National Pension Fund might be made known.



## THE SCOTTISH NURSES' ASSOCIATION AND NATIONAL INSURANCE.

The Scottish Nurses' Association has issued the following leaflet of advice to Scottish Nurses in reference to compulsory insurance under the Insurance Act—as it favours the formation of a Scottish Nurses' Branch of the Women's Friendly Society of Scotland.

### NATIONAL INSURANCE ACT.

Practically all nurses, unless they earn over £160 per annum, or have a private income of £26 per annum, must insure. To ensure full benefits insurance should be begun when the Act comes into force, which it is expected to do in July, 1912.

As insurance is compulsory, a nurse should see that she gets full advantage from her insurance. There are two ways in which she may insure—(1) By putting her contributions into the Post Office Fund, or (2) by joining an Approved Society. The nurse who insures through the Post Office is really not insured at all, as the Post Office will only pay out rather less than is paid in.

Insurance is therefore best effected through an Approved Society, but care is needed in the choice of a Society, as, on the one hand, if a nurse joins a prosperous Society she is likely to obtain additional benefits, whereas, on the other, if she joins a Society which incurs a deficit she may be called upon to pay one or more levies over and above her regular insurance contribution.

It is most important that her Society have at least 5,000 members in Scotland, as otherwise it may have to surrender one-third of any surplus it may have accumulated to assist less fortunate societies with which it is compulsorily associated for valuation purposes.

No advantage is gained by joining an English Society with a Scotch branch. The Scotch branch must stand alone, both as to its funds and as to its membership, and if there be less than 5,000 members in the Scotch branch that branch will share the fate of other small Societies, as it cannot affiliate for purposes of valuation with the English section. Further there would be no difficulty in a Scotch nurse who goes to England continuing to receive her benefits there from her Scotch Society.

As nurses are a particularly healthy class, they should not join women otherwise employed, nor should they join a Society with male members who may be entitled to the heavy maternity benefit for their wives. It is to their advantage to join with women equally healthy, who will be entitled to exactly the same benefits, and whose interests in arranging additional benefits will be identical.

A Society consisting of 5,000 nurse members in Scotland, if well managed, would meet those requirements, but in Scotland this number might be difficult to obtain and retain; and, on the other hand, there are additional advantages to be gained in joining a large Friendly Society with a separate Branch for Nurses.

The Scottish Nurses' Association has given the matter careful attention from the time the Insurance Bill was introduced into Parliament, and it has now come to an agreement with the Women's Friendly Society of Scotland for the formation of the SCOTTISH NURSES' BRANCH of the WOMEN'S FRIENDLY SOCIETY OF SCOTLAND.

The advantages of the arrangement are as follows:—

- (1) No entrance fee will be charged.
- (2) The Branch will be open to all female nurses.
- (3) So far as the Act permits, the funds of the Branch will be quite separate from those of the Society as a whole, and Nurse Members may arrange for benefits specially suited to them.
- (4) So long as the membership is below 5,000, the Branch will have the advantage of being taken for valuation purposes along with the strong Women's Friendly Society, instead of with a number of small weak Societies which might be in difficulties. On the other hand, once the membership of the Branch exceeds 5,000 the Branch can, if it so desire, become a separate Society.
- (5) The cost of management, which is a large item, will be minimised, as one set of officials will run both, while the Branch will share the advantages of good management.
- (6) Nurse members will be entitled to participate on equal terms with other members in any Friendly Society benefits arranged by the Friendly Society (at present an annuity benefit is under consideration).

Nurses who desire information or advice regarding Insurance may apply to the Secretary of the Scottish Nurses' Association—Dr. Hamilton Robertson, 5, Kelvin Drive, Glasgow, W., enclosing a stamped and addressed envelope.

## LEAGUE NEWS.

The annual meeting of the Central London Sick Asylum, Nurses' League, Hendon Branch, was held on Saturday, March 23, at which a goodly number were present, in spite of the rain and lack of trains. The business of the meeting being satisfactorily settled, several interesting matters were discussed, amongst which were the Insurance Act, the formation of an approved Society to be called "The Trained Women Nurses' Friendly Society of the United Kingdom," and the Cologne Congress. Then followed tea and talk, after which Dr. Margaret Dobron gave a most interesting lecture on "School Clinics," which was most thoroughly enjoyed. Then after coffee and cakes the happy gathering was brought to a close.

The Queen visited the Middlesex Hospital on Wednesday to open the new buildings of the Barnato-Joel Cancer Charity. Her Majesty was received by the Duke of Northumberland, president of the hospital.

## APPOINTMENTS.

### MATRON.

**Birmingham Infirmary, Dudley Road, Birmingham.**—Miss Marion C. Thomas has been appointed Matron. She was trained at the London Hospital, Whitechapel, London, E., where she held the positions first of junior and then of senior Matron's Assistant. She is at present Matron of the Rutson Hospital, Northallerton, Yorkshire, which contains twelve beds and is the Headquarters of the North Riding Rural Nursing Association.

**Royal Infirmary, Halifax.**—Miss E. S. Innes has been appointed Matron. She was trained at Leeds General Infirmary, and subsequently held the following positions there:—Casualty, Theatre and Ward Sister, and Night Superintendent. From 1907-9 she was Assistant Matron at the Royal Halifax Infirmary; she was then appointed without competition Assistant Lady Superintendent at Leeds General Infirmary, which position she now holds. We note that of late many excellent hospital appointments have been given to ladies trained in first-class provincial hospitals, which is most encouraging to those who manage these institutions.

### NURSE MATRON.

**The Cottage Hospital, Morpeth.**—Miss Elizabeth E. Holdrup has been appointed Nurse-Matron. She was trained for St. John's House at the Metropolitan Hospital, Kingsland Road, N.E.; the North Eastern Fever Hospital, Tottenham; and the Hospital for Women, Soho Square, W.; and subsequently worked on the private staff of St. John's House, London. She has also done private nursing in connection with a nursing home at Purley, Surrey; and at present is acting as temporary Ward Sister at Moor Park Hospital, North Shields.

### ASSISTANT MATRON.

**Alexandra Hospital for Children with Hip Disease.**—Miss M. A. Hilliard has been appointed Assistant Matron. She was trained at Guy's Hospital, London, where she acted as out-patients' Sister, and has since held the position of Sister at the Park Fever Hospital, Hither Green.

**National Hospital for Paralysis and Epilepsy, London.**—Miss M. Gregory White has been appointed Assistant Matron. She was trained at the Children's Hospital, Bristol, and at Westminster Hospital, London. She has since held the positions of Sister at the East London Hospital for Children, Shadwell, and Matron of the Horsham Cottage Hospital.

### SISTER.

**Bethnal Green Infirmary, N.E.**—Miss Lucy S. Bowman has been appointed Sister. She was trained at the Fulham Infirmary, where she was Staff Nurse. She has also been Maternity Sister at the Selly Oak Infirmary.

Miss Florence E. Morgan has also been appointed Sister. She was trained at St. Pancras North

Infirmary, and has been Assistant Charge Nurse there, and pupil Midwife at the Military Families Hospital, Woolwich.

**Fleming Memorial Hospital, Moor Edge, Newcastle-on-Tyne.**—Miss Ethel T. Furniss has been appointed Sister in the medical wards. She was trained at the Royal Southern Hospital, Liverpool, was Staff Nurse for two years, and did Sister's duties for a time at the Hospital for Sick Children, Great Ormond Street, London, and has been Sister at the Children's Hospital, Bradford.

### CHARGE NURSE.

**Workhouse Infirmary, Oldham.**—Miss Emily Howard has been appointed Charge Nurse. She was trained at the Prescot Union Infirmary, where she was promoted to be charge nurse, and she has also been charge nurse at the Norwich Union Infirmary.

### QUEEN VICTORIA JUBILEE INSTITUTE.

*Transfers and Appointments.*—Miss Charlotte D. Campbell is appointed to Diss; Miss Sarah E. Kitchen to Wakefield.

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Staff Nurse Miss Grace M. Bennet resigns her appointment (March 19).

Staff Nurse Miss Gertrude E. Vernon resigns her appointment. Dated March 16th, 1912.

## PRESENTATION.

Nurse Susan Harper, who has been in charge of the Sanatorium of St. Margaret's School, Polmont, Stirlingshire, for the past 14 years and has lately retired, has been made the recipient of a very handsome cheque, subscribed for by the past and present mistresses and pupils of St. Margaret's School, as a mark of the esteem in which she was held and in recognition of the good work she did there. Nurse Harper was on the staff of the Royal Hospital for Sick Children, Aberdeen, for over ten years.

## EXAMINATIONS.

The Infirmary Committee recently reported to the Southampton Board of Guardians that "an examination in surgical nursing was held at the Southampton Union Infirmary, in the latter part of February. Nine nurses presented themselves for examination, and all were successful, six gaining over 90 marks, full marks being 100. Nurse Hughes gained first place with a total of 98, and Nurse Browning second place with 96. This result is most satisfactory, and the practical work had been well done by all. The Board expressed their pleasure and satisfaction at the result of the examination, which, it considered, reflected great credit on the Medical Superintendent, Resident Medical Officer, Matron, and Assistant Matron; and recommended that books to the value of £2 5s. be granted to the nurses attaining the highest marks in the examination.

## NURSING ECHOES.

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The appeal of Lord Pembroke, the chairman of the Florence Nightingale Memorial, has resulted, it is stated, in £7,500 being received, of which £900 comes from soldiers and no less than £1,000 from nurses. It is calculated that a statue, with suitable base, will probably cost about £3,000, and the surplus will be available for nurses' annuities. Lord Pembroke is now making a final appeal. "There must be so many men and women," he writes, "who would gladly share in helping to keep alive the remembrance of Florence Nightingale's noble personality. It is unthinkable that the memory of Florence Nightingale's name and work should not be perpetuated to all time, and there is no better way of doing this than to have a statue of her in a prominent position in the capital of the country for which she did so much, and to benefit as many nurses as possible by the second scheme. It is not a mere form of words or an exaggeration to say that we owe all our sick nursing and the high standard to which it has now reached to this one woman's example and devotion." Thus has been lost the unique opportunity of raising a National Memorial worthy of her genius to the name of one of the world's greatest benefactors.

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We love having tea with hospital matrons: they are always so kind and cheery. The atmosphere of a hospital has also a most soothing effect on the mind. The sniff of cleanliness one gets on entrance, pungent usually with soap-suds and turpentine, and the consequent brightness everywhere, what with "polish" and flowers, is so perfectly healthy and restful. Then matron has usually a snug little apartment of her own, in which she expresses her personality and surrounds herself with her Lares and Penates.

Recently we had occasion to visit St. Peter's Hospital for Stone, in Henrietta Street, W.C., and here, only a stone's throw from the humming Strand, it was delightful to find that the hospital overlooked at the back the spacious green oasis, the garden and lawns of St. Paul's Church, which is a haven of rest to the hospital's workers, and where the birds chirp as tunefully in the spring as they do in the country, only the sweetness of their singing is the more grateful to the ear.

At St. Peter's, which contains about 30 beds, the reputation of the surgical skill stands

deservedly high, and it relieves some of the most distressing and painful physical conditions from which humanity suffers. The Nursing Department, which has been under the very able superintendence of Miss Florence E. Furley for the past ten years, keeps well apace with the surgical clinic it serves. Ours was a surprise visit, so we saw the hospital in its usual condition, and the whole institution up to the kitchens appeared in very perfect order. The wards are a comfortable size, and, overlooking the garden, are very light and airy, and all the appointments were very dainty, useful, and well cared for; and as the hospital is not overstaffed, this good order reflects the greatest credit upon the matron and her assistants, nursing and domestic.

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The Metropolitan Asylums Board has recently found difficulty in obtaining an adequate supply of staff nurses, and to minimise the difficulty it is proposed to have an immediate increase of probationers from 200 to 240, and to advance the salaries of staff nurses from £26 to £30 a year. It is found that staff nurses with general training do not remain for any length of time in the Fever Hospitals after they have obtained the certificate at the end of a year's work. There is no doubt that no nurse can consider herself thoroughly qualified in medical nursing who has not been trained in the care of infectious cases, and we hope that every year the great benefit of this branch of nursing will be more and more appreciated by women who desire to be fully trained.

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A new feature in the Bristol Exhibition, to be held in the Victoria Rooms, Clifton, from June 6th to June 12th, is that the first day is to be set apart for nurses only, and that the Exhibition will not be opened to the general public until two o'clock on the following day, June 7th.

By this means it will be possible to show some exhibits of special interest to nurses which would not be suited to a lay gathering: nurses will be able to see everything without undue crowding; and all the lectures, as well as the entertainments, will be chosen with special reference to them. They will, in fact, enjoy a private view.

All members of the Nurses' Social Union will on that day be admitted *free*, while the charge for admission to other nurses will be 6d. only.



The Rev. W. Cyril Winter Forster, of The Presbytery, Palace Street, Buckingham Gate, S.W., has bequeathed £3,000 to Mildred Darvill, in remembrance of her work with him at Millbank Hospital, and for nursing him through two serious illnesses. It is becoming quite usual for people to remember nurses who have cared for them with devotion, in their wills.

The following extraordinary by-law has been adopted by the Committee of the General Hospital, Nottingham:—

"Any clergyman or minister may nominate a lady to represent him under Rule 93, who shall have permission to visit any parishioner or member of his congregation in the women's wards of the Hospital who shall so request. Such clergyman or minister shall send to the secretary of the Hospital the name and address of the lady so nominated. Any lady visiting the Hospital under this bye-law shall comply at once with any wish expressed by the doctor, matron, or sister of the ward in which the patient is, but if she thinks such wish unreasonable she shall be at liberty to complain to the House Committee, whose duty it shall be to investigate the matter. The House Committee may withdraw the permission at any time."

To make provision for complaints against members of the medical and nursing staffs by casual visitors nominated by unofficial clergymen will surely lead to friction. A committee should be very careful not to add to the difficulties of its officials by ill-advised by-laws. Clergymen and their nominees are hardly qualified to discriminate as to the reasons influencing doctors and nurses when expressing their wishes in connection with the treatment of the patients.

After a keen contest the fifth annual competition in home nursing and hygiene for the Hedderwick Cup was won over three opposing teams by the Edinburgh Women's No. 1 Section of the St. Andrew's Ambulance Association at Glasgow.

Four teams also entered for the Anderson Cup presented for efficiency in the same subjects. It was won by the St. Margaret's Works N.B.R. team.

The arbiters in the competition were Dr. Robert B. Carslaw and Miss J. M. Morton, matron of the Samaritan Hospital, Glasgow, the arrangements being carried out by Lieut.-Colonel H. J. Barnes, general secretary of the Association.

At the close of the competition the cups and badges were presented to the successful teams by Mrs. W. J. Anderson.

The Committee of the Stonehaven Nursing Association were in the pleasant position of reporting to the annual meeting a balance in hand of £100 6s. 6½d. at the end of the financial year, which shows that the services of the nurse, Miss Birrell, who has served the Association faithfully for fourteen years, are much valued. The Committee decided to show their appreciation of her services by awarding her a gratuity of £5.

During the year ending on February 14th Miss Birrell attended 75 cases and paid 2,022 visits. Miss Baird, of Urie, and Miss Duff, of Fetteresso, were appointed Presidents, and Mrs. Thomson, Claremont, and Mrs. Burnett, Fetteresso Manse, joint secretaries.

Mr. H. R. Williams, a Local Government Board Inspector, reported to the Dolgelly Guardians that on the occasion of his last visit to the workhouse there was not one official able to give the necessary and suitable nursing attention to the many helpless, infirm, aged, and sick inmates. Proper nursing was so essential that it was very much to be hoped the Guardians would no longer delay doing the right thing, which was to appoint a thoroughly experienced nurse. Every visit he made to the house proved more and more that the best interest of the ratepayers would not be secured until a suitable nurse was appointed, and the benefit to the sick poor would be incalculable.

Mr. D. E. Davies, who from the first opposed the appointment of a nurse, said it was childish to suppose the Guardians were to be dictated to by the officials in London in the midst of their luxuries. Ultimately it was decided to defer the matter for a month, and ask the inspector to meet the Guardians. Meanwhile, we suppose, the sick poor are to be without "necessary and suitable nursing attention."

*La Garde-Malade Hospitalière* claims that the system of nursing originated by Florence Nightingale is the only right system, and adds: To abandon nurse pupils to medical practitioners for their instruction makes pseudo-doctors of them, and if they are given over entirely to the will of the administration, servants are made of them. Only under the system of Florence Nightingale is it possible to avoid this double danger, and to teach them their own special work—true nursing.

## THE HOSPITAL WORLD.

## THE HEART HOSPITAL, SOHO SQUARE, W.

Tucked away in a corner of Soho Square is the National Hospital for Diseases of the Heart, which is located in a fine old house which used to be occupied by Sir Joseph Banks, a distinguished devotee of natural science, who accompanied Captain Cook on his voyage of discovery in the Pacific Ocean in 1768, when he was commissioned to discover the transit of Venus. Sir Joseph Banks availed himself to the full of his opportunities, made large collections, and in 1771 brought home numerous specimens from Tahiti, Tierra de Fuego, New Zealand, and Australia, which he willingly placed at the disposal of his fellow-scientists for purposes of study. He was elected President of the Royal Society in 1778, was made a member of the Privy Council, and invested with the Order of the Bath. He showed the greatest hospitality to scientists of all nations, and his house in Soho Square, his collections, and his library were always open to them. He also took a great interest in the management of Kew Gardens, and through his instrumentality many plants and fruits were introduced into our Colonies. It was he who suggested the foundation of a Colony at Botany Bay.

Now the doors of the house are open to a different class—the sufferers from diseases of the heart—which need the most skilful medical treatment, the most scientific and tender care which trained nursing can afford—so science still holds sway in the house, which shows hospitality as of yore.

Naturally its present occupants are proud of their illustrious predecessor, but the adaptation of a private house for hospital purposes has its drawbacks, as we all know.

The Matron, Miss Maxwell-Moffat, points with pride to the beautiful "Adams" mantel-pieces which adorn the wards. A great vaulted ceiling is also very fine, but in these days, when we know that scientific principles should be applied to house cleaning, it must vex the righteous souls who desire to attack it with brush and duster, as it is quite out of reach, and indeed the Matron says its periodical cleansing is shirked even by the whitewashers, who have to erect a scaffolding before they can reach it, and the process is a risky one.

The little hospital has twenty-five beds, and rest is made a great feature in the treatment of the patients. When weather and their condition permit they are able to enjoy the fresh air in the gardens of the Square.

## REFLECTIONS.

## FROM A BOARD ROOM MIRROR.

Presiding at the annual meeting of the Florence Nightingale Hospital for Gentlewomen, at Lisson Grove, Marylebone, last week, Lord Waldegrave said they had had a most successful year. Their institution was being regarded as a model for all people who were trying to do the same work as they. With regard to the new wing, it was thought £5,000 would be required, towards which sum £4,400 odd had been collected. Certain requirements, however, would bring the sum needed up to £6,000, and it would be a great disappointment if they could not open it free of debt, as they did the present building.

Mrs. Harriette Cooke Smith has left a splendid gift to the hospital. The Woodclyffe estate for the foundation of a convalescent home, to be known as "The Woodclyffe Home," and £20,000 for the endowment thereof. We congratulate the Committee of the Florence Nightingale Hospital—the class of patients admitted, poor gentlewomen, are often in the direst need.

Lady Juliet Duff is organising a Café Chantant to be held at the Savoy Hotel, in aid of the Charing Cross Hospital Fund, on May 15th. No doubt this function will be a great success.

It was announced at the annual meeting of the Eugenics Education Society last June that an International Congress on Eugenics was being arranged. This, the first of its kind, will be held at the University of London, from July 24th to 30th next. Major Leonard Darwin will be the president.

By means of this Congress it is hoped to make more widely known the results of the investigations of those factors which are making for racial improvement or decay; to discuss to what extent existing knowledge warrants legislative action; and to organise the co-operation of existing societies and workers by the formation of an International Committee or otherwise.

During the Congress an exhibition will be held, and a large selection of exhibits from Germany, including a loan from the Race Hygiene Section of the Dresden Exhibition, America, France, Italy, and Switzerland, has been promised. The English exhibits will include a collection of Darwin relics lent by Miss Darwin. Mrs. Alec Tweedie is the hon. secretary of the entertainment committee, which has arranged receptions by the Duchess of Marlborough, the Lord Mayor, and the University of London.

Lady Stirling Maxwell presided at the annual meeting of the Ladies' Auxiliary Association of the Glasgow Royal Samaritan Hospital for Women. Including a donation sent to the meeting by the Hon. President, Lady Blythwood, the Association has raised during the year £1,824.

## PROFESSIONAL REVIEW.

## A NURSE'S LIFE IN WAR AND PEACE.

Miss E. C. Laurence, R.R.C. (late Matron of the Chelsea Hospital for Women) has given to the public an interesting account of her nursing experiences, which have been unusually varied, including training in a children's hospital and a large general hospital in London—(readily identified), private nursing in Egypt, responsible work as Sister and Night Superintendent in her former training school, and the superintendence of the nursing department of a hospital in South Africa during the Boer War,—a record of work which seems to have been as satisfying as it was varied.

It is always interesting to know the motives which lead women to enter the nursing profession, and Miss Laurence's first impulse was occasioned by her desire to win the Royal Red Cross, so it must give her considerable satisfaction to have the right to write the honourable letters R.R.C. after her name, and to know that the ambition of her girlhood has been fulfilled.

In 1888 she wrote: "I think you know that some years ago I determined that I would be a nurse. To be exact, it was in 1883 that Queen Victoria instituted the Royal Red Cross, and in the same year I was grieving over the fact that none of the professions in which my brothers were distinguishing themselves would be open to me, as I was "only a girl," so I at once decided that I would try to win the Royal Red Cross."

But as she was still in her teens, her purpose was impossible of immediate fulfilment, and circumstances gave her the opportunity for the "wander-jahr," which is so desirable a part of the education of youth of both sexes.

Next we find her a paying probationer in a children's hospital, and though, at the end of her month's trial, "they were not," she writes, "enthusiastic in telling me my services were invaluable, their only cause of complaint appeared to be that I was slow. So they were graciously pleased to accept my fifty-two guineas (in instalments), and for that sum to allow me the privilege of working hard and fast for an average of eleven hours a day (paying for my own laundry, and buying my own uniform) for the period of one year."

Others who trained in those days have left on record the fact that they were "always hungry," and Miss Laurence writes: "In looking back upon my first week in hospital, the thing that impressed itself upon me more than the trouble of early rising was the fact that during the first month I was always hungry! I have got over the difficulty now, as a weekly parcel of 'tuck' arrives from home. . . . Nearly all the nurses either have food sent or else buy a good deal." She reports dinner at 6 p.m. as the best meal of the day "as the Matron sometimes comes to it." Lunch, a scramble some time between 10 and 12, consisted of just chunks of cold meat and (every

other day) bread and treacle. Butter was issued twice a week,  $\frac{1}{2}$  lb. to each nurse, in a little tin mug, and "we have to carry this mug about for weeks in the dining hall and in the ward kitchen for as long as it lasts. But if you don't keep a sharp look-out on your mug, it often becomes empty in the first day or two, and you stand a good chance of having to eat dry bread for the days before the new butter is put out. I very much dislike coffee, but there is nothing else provided for breakfast but coffee and a loaf of stale bread, and our own butter (if we have any left), so we don't seem to start the day very well."

After some experience in a medical ward, Miss Laurence was sent on duty in a surgical ward next the theatre. "I went up rather in fear and trembling, as it was noted for being the hardest ward in the hospital, as the nurses were responsible for the theatre as well—and I didn't see how I could squeeze more work into the days than I had been doing on the medical side. But I received a nice welcome from the Sister, and soon found she was one of the best. She didn't wait for us to do things wrong and then scold us; but she took pains to show us the best way to do them, and then woe betide those who didn't do their best!"

At the conclusion of her year's training at the children's hospital, Miss Laurence paid a visit to a brother at Kimberley, an experience which was to stand her in good stead in later years, and on coming home began her general training. Of a surgical ward to which she was sent she writes: "It took me some time to find out why the ward was always in a state of chaos, and it is only because you are so far away that I can safely tell you the reason. I believe it is simply and solely because the Sister, though a fairly good nurse, is really no good as a Sister. I am sorry to say it, as she has been very nice to me, and the poor thing tries her best. She runs about, and does many things that the junior probationers ought to do, but she has no idea of looking after the nurses, and as the staff nurse is rather a shirker, and is very fond of chattering to the dressers, the probationers who are keen to work are rather overworked, and those who are not keen don't work. Also, if there is a rush of work, Sister rather loses her head, and runs about in an aimless sort of way, and in the theatre if anything goes wrong, and they want things in a hurry, she always seems to hand the wrong thing."

At the outbreak of the South African War Miss Laurence had the good fortune to be appointed Superintendent of a hospital in Natal, supported at first by a patriotic private individual, and afterwards taken over by Government.

For her account of the work during that eventful time we must refer our readers to the book itself. It is published by Messrs. Smith Elder & Co., 15, Waterloo Place, London, S.W., price 5s., and, like all books written by those who have an intimate knowledge of their subject, is eminently worth reading.

M. B.



## OUTSIDE THE GATES.

## WOMEN.

The second reading stage of the Conciliation Bill is to be taken on Thursday, 28th inst. It is to be hoped that but few members who have promised to support this very reasonable measure for the enfranchisement of women will add to the extreme bitterness of feeling already aroused—by breaking an honourable compact made with women before election. Such conduct undermines the standard of public probity.

[The opinion of Miss L. L. Dock on the ethics of Women's Suffrage must be received by all nurses with respect. In a recent letter from New York she writes:—"I am now really so deep in the work for suffrage that I can hardly get letters written. We are not going to jail yet—do not need to do so as yet. We are just in the canvassing and propaganda stage, and hope is high for several States this year. Not New York yet. I am sure it will be one of the last. Here our formidable money power centres, our worst enemy, as it is the enemy of all liberty, democracy, and happiness. The Women's Political Union here, a loyal sister to your W.S.P.U., holds a regular Sunday afternoon tea, with addresses. Yesterday there were most excellent and sympathetic speeches on the "English Situation" to make clear the reasons and policy back of the last militant outbreak, which is being imperfectly understood by Americans unless they follow *Votes for Women* week by week, as some of us do.

"Oh! how dark and melancholy a chapter is this in the world's history! How extraordinary that a Government, rather than grant so obvious a meed of justice, would crush and torture by brute force those rare-souled women, so immensely their superiors. I feel really as if another Christ were being persecuted and crucified before our eyes—and we looking on as just as dead to the sublime meaning of it all as if it were two thousand years ago! How can any woman fail to see that martyrs are again offering themselves as a sacrifice for the sake of mankind? I feel so impatient with the docility of Suffragists who meekly listen and applaud the shifty, evasive speeches made to them by men who simply intend tricking them again. But most of all my wrath rises against the Liberal women. They hold the key to the situation. Why don't they revolt and refuse to do one stroke of work for any candidate until women are enfranchised?

Miss Jane Addams, of the Hull House, Chicago, whose book "The Spirit of Youth and the City Streets," is well known to readers on both sides of the Atlantic, is, states the *Standard*, at present preparing for publication a book on the White Slave Traffic. Anything from the pen of Miss Addams merits the close attention of all persons, and her book will be awaited with interest.

THE SEVENTH  
MARCHIONESS OF RIVIÈRE.

## A PSYCHICAL INTERLUDE.

(Concluded from page 236.)

"WHO WOULD HAVE THOUGHT MY SHRIVELLED HEART

COULD HAVE RECOVER'D GREENNESS?"

It was several weeks later when the doctor paid his farewell visit to Andrea.

Mrs. Leroy was playing hostess to them in her boudoir, in her own fascinating manner. "Now, Dr. Wiseman," she said briskly, "I hope you will forbid all high-falutin and nonsensical pranks."

The eminent physician shot a kind, yet hesitating glance at Andrea. She returned his smile.

"I have quite decided everything," she said in her quiet, irrevocable way. "You see you don't understand my case a bit—how should you? 'You have been suffering from extreme exhaustion, the result of a severe mental shock,' you tell me. I grant you the exhaustion, but not the mental shock—so I am going to find out these things for myself and others."

"Oh! Andrea," remonstrated Mrs. Leroy.

"Why not the truth?" demanded Andrea.

"Why not, indeed?" echoed the physician; "and what is the great scheme?"

"I will tell you," she answered, rising from her chair and standing before him, a very graceful figure (he realised that) in her white muslin frock.

"I am going to be a great physician," she said, smiling down at him, "really great. Oh! I shall never be rich and tread on your toes, so don't flush—I am going to wrest all sorts of secrets from the borderland—you don't believe in half-tones—or shadows, or the indefinite—you must close your fist tight on things, *n'est ce pas?* You can't dissociate yourself from sex—I can. In my scheme of research I shall ignore man with a capital M—I shall not treat 'women and children' in the lump—I resent that—I am going to work for all the dear animals—including man—and their ultimate happiness."

"You do not know what you are saying," gasped the fluttered physician.

"You mean," corrected Andrea, "you do not understand what I am saying. But listen, that is not all. Before entering on my medical studies I am going to serve as a nurse in the wards—I want to come into close, hourly personal touch with the sick body—to *comfort it*—that is the inspiration of true healing. Thus one may influence the mind, and perhaps—only perhaps—get a peep at the soul."

"The whole thing is impossible," broke in Mrs. Leroy in great distress. "You will be pelted with rotten eggs—and bags of flour—and—and insults, won't she, Dr. Wiseman?"

The doctor coughed.

"Won't she, doctor?" Andrea mimicked mercilessly. Then she added, "And if she is, she will show fight, be sure of that. I have been into

hospital wards, they were very dirty and untidy, and smelt horribly. I am just longing to tuck up my petticoats and help to clean them out."

"It is all very difficult," said the doctor in a helpless sort of way. "Cleaning—er—domestic work—er—that sort of thing—it is not in the medical sphere of influence. The faculty is engaged in acquiring the secrets of science, and—er—prescribing scientific treatment for the sick—there is no time to wrestle with domestic details, it would be waste of energy."

"Yet, how about disorder and dirt, just common, disgusting dirt?" Andrea questioned. "The medical faculty is out to heal sick bodies—if not to prevent disease, and to do this dirt in all its variety has got to be swept away. My plan is to begin as a nurse at the very beginning, and tackle dirt—scrub—polish—disinfect, and when the patient is nice and sweet, clean and comfortable—then will be the time to study him through the microscope. After years and years, you will be calling me into consultation, doctor."

"Never," burst forth the outraged man, rising hastily from his chair, and in his anger rapping out his prejudiced opinion. "Ladies in hospital wards are a terrible nuisance, and medical women almost indecent," and picking up his hat he took a hurried departure.

"The pelting by prejudice is worse than rotten eggs," whispered Andrea, as he closed the door.

\* \* \* \* \*

The Duchess of Beauvais was strolling in her garden—young and fair as fair could be.

"Rosabelle," her husband called from the terrace near by, "come and look at the view."

It was a gorgeous summer's day, the atmosphere clear as crystal. Leaning side by side over the marble parapet, they looked over the six descending terraces bright as emerald, from which coign of vantage they could see into three counties.

The Duke handed her a telescope.

"See how the sun blazes on the casements at Carillon," he said; "it might be on fire."

For a long minute the Duchess gazed silently over the Vale, then she said softly.

"On a hill to the right I see a mill in full sail—is that where the cowslips grew?"

For a space there was silence between them; then she rubbed her cheek against his coat sleeve, and waited.

"Dearest," he answered sadly, "there are things I can never explain. There was a time after the shock of my dear brother's death when I was a changed man. For three years I wandered over the face of the earth, consumed by grief, it seemed impossible to go on living without him. Then—but why refer to that year of madness—it passed as in a dream. You know all there is to know—have we not found our happiness?" he questioned wistfully.

"Sweetest happiness," she answered, turning her love-lit face upon him.

She had no qualms of conscience. She had written her little note from an agonized

heart, "Call back the soul of your lover," yet with a very firm hand. She had appealed for sacrifice to one stronger and more noble than herself, this she realised, but justice was on her side. She had only claimed restitution.

Never would she make confession to her husband of the words she had written. She was primitive woman. This was her man. He had become possessed. The devil must be cast out. It had been done.

\* \* \* \* \*

After her mysterious illness Andrea had refused to see Lord Rivière. She had called back the soul of her lover—of what avail was the flesh?

That soul had passed into the Light.

After eons of time she too might know Ecstasy.

\* \* \* \* \*

All she had set out to do she had done, but never in all the thirty years during which she had valiantly played her part in the great sex revolution, which liberated the souls of women—often with heartbreak, if not with tears—had she come again to the smiling Vale of Beauvais.

Then one spring day she stepped out of a train, and took her way across the hill to Carillon.

How her heart leapt!

How fleet she was of foot!

When she came to the mill field the cowslips were in bloom, she knelt down and buried her face in them and thus kneeling "listened to the still."

Thirty years!

Long, long she gazed to the east—where in the sunlight—embowered in trees—she looked on Heart's patch—just as she had left it.

To the west, crowning its lordly terraces, the flag flying, towered Beauvais. The wind wandering whither it listed, was intoxicated with the scent of flowers. As of yore, there was singing of birds—and the laughing of waters.

Thirty years!

Oh, why was her heart so young? Why not? All nature was abloom.

\* \* \* \* \*

Later she came to Beauvais, and in company with a little crowd of sightseers passed through its magnificent halls.

One sombre little room, lined with books, was distinguished by the portrait of a beautiful woman, hung over the mantel—just a lovely face full of light—a face like a star.

"The Seventh Marchioness of Rivière," announced the cicerone—"painted by the Seventh Marquess."

The trippers ceased their little jokes—they scented romance—and they loved it.

Then said Andrea:

"There never was a Seventh Marchioness of Rivière—never in this world."

ETHEL G. FENWICK.

THE END.

The first chapter of this sketch appeared in the issue of December 16th, 1911.

## TREASURES OF WISDOM.

A charming calendar entitled "Treasures of Wisdom" for every-day use has been arranged by Miss Emily Janes, which as its title implies contains a wise quotation for every day of the year. As it is not dated for any special year it can be a constant friend to those who are fortunate enough to secure it. The title page bears the words "Wisdom . . . shall fill all her house with desirable things. . . . A parable of knowledge is in the treasures of wisdom" from the Book of Ecclesiasticus, and the words of George Macdonald: "Instead of a gem, or even a flower, cast the gift of a lovely thought into the heart of a friend."

The "desirable things" have been gathered together from many diverse sources, so that none can fail to find treasures to suit their special tastes. Here are a few specimens:—

"Life is a leaf of paper white  
Whereon each one of us may write  
His word or two, and then comes night.  
"Greatly begin! though thou have time  
But for a line, be that sublime—  
Not failure, but low aim, is crime."

—Lowell.

"Never bear more than one kind of trouble at a time. Some people bear three kinds—all they have had, all they have now, and all they expect to have."—E. E. Hall.

"We are two men each of us, the seen and the unseen. But the unseen is the maker of the seen."—Bishop Steere.

Each month has its special virtue—*January*, magnanimity; *February*, duty; *March*, self-control; *April*, justice; *May*, reverence; *June*, happiness; *July*, love; *August*, humility; *September*, steadfastness; *October*, courage; *November*, truth; *December*, wisdom.

The calendar is published by Wadsworth & Co., The Rydal Press, Keighley, price 1s.

## COMING EVENTS.

*March 29th.*—Nurses' Social Union. Lecture: "Things Which Help," by Dr. Tom Robinson. 12, Buckingham Street, Strand. 7.45 p.m. Admission 6d.

*April 2nd.*—Nurses' Social Union. Meeting of the Debating Society. Subject: "Suffrage," Miss Beatrice Kent. 12, Buckingham Street, Strand. 7.45 p.m. All members are invited to attend.

*April 3rd.*—Infants' Hospital, Vincent Square. Lecture on "The Biological Chemistry of Infantile Digestion," by Dr. Ralph Vincent. 3.30 p.m.

*April 6th.*—Irish Nurses' Association, 34, St. Stephen's Green, Dublin. Meeting to consider the formation of a Nurses' Friendly Society.

*April 15th.*—Irish Nurses' Association. Lecture: "Babies," by Dr. Hastings Tweedy, 34, St. Stephen's Green, Dublin. 7.30 p.m.

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

## LEST WE FORGET.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—I am pleased to see you have moved in the matter of the Florence Nightingale Memorial, and hope my suggestions will bear fruit to remove the injustice which would undoubtedly be committed if the 49 or 50 other ladies who accompanied Miss Nightingale to the Crimea were not duly registered "for all time" on the National Memorial, wherever erected.

I have received the two following letters which you may publish:—

[COPY.]

15, Cleveland Gardens,  
Hyde Park, W.,  
March 18th, 1912.

SIR,—Referring to your letter which appears in to-day's *Times*, Mrs. Lucretia Whitam, formerly of 54, Cadogan Place, S.W., was one of the ladies who went out with Miss Faithful. She was for some time at the Scutari Hospital and received a commemorative brooch or badge which she showed me on her return.

Yours truly,

(Signed) FREDK. WM. YEATES.

[COPY.]

Ardgowan,  
Greenock,  
March 22nd, 1912.

SIR,—Referring to your recently published letter, I have pleasure in stating that my aunt, Miss Jane Shaw Stewart, daughter of Sir Michael Shaw Stewart, sixth Baronet, was one of the nurses who accompanied Miss Nightingale to the Crimea.

So thoroughly did she carry out her work that she was subsequently appointed Matron of Netley Hospital.

Yours, &c.,

(Signed) HUGH SHAW STEWART, BART.

P.S.—She died a few years ago.

Personally I do not agree with the Earl of Pembroke in his letter dated November 19th, 1911, wherein he states: "dissatisfaction would arise if a complete list were not forthcoming"—I contend it would be better to put as many names as can be obtained rather than leave any out, and space could be left for the others to be added.

Yours faithfully,

FRANCIS KNIGHT.

Ravenscroft,  
Shirley Avenue,  
Southampton,  
March 24th, 1912.



## NURSING ECONOMICS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Your claim that had not nurses' work been "a marketable commodity the opposition to State Registration of Nurses would have been a negligible quantity" is borne out by economic conditions in Scotland. There is not a hospital with a training school for nurses worth considering which has attached a private nursing department for making money out of nurses' work, and all the four societies of nurses and medical men in Scotland have declared in favour of a system of State Registration of Nurses. Thus nearly every matron in Scotland is now out on the side of the nurses, to help them to obtain just legal status, and incidentally to enable them to protect their industrial position. But the matron of a hospital is not independent of the will of her committee, and had the unjust conditions of work pertained in Scotland which are so prevalent in England I fear many of the matrons would have had to stand aside and taken no part in this great movement for the better organisation of the nursing profession. Scottish nurses owe a debt of gratitude to the pioneer band of English and Irish matrons who for twenty years had been working hard for better nursing conditions before a move was made in Scotland. Don't let us forget that debt!

Yours truly,

A SCOTTISH MATRON.

## SALARIES FOR MEMBERS OF MIDWIVES BOARDS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The excellent reports of the proceedings of the Midwives Board which appear in THE BRITISH JOURNAL OF NURSING are always of interest, and I for one shall be glad if the Board support the contention of Mr. Parker Young, Dr. Herman and Mr. Golding Bird that the members of the Board shall be paid for their services. There is no reason whatever for the responsible professional work of the Board being done as a charity; and, indeed, this insecure financial condition places the certified midwives in a thoroughly false position. Like the governing body of the medical profession, the General Medical Council, the Midwives Board should be elected by the certified midwives and paid a just fee for doing their work. The fact that there is only one midwife nominated by the various societies which have a right to representation on the Midwives Board is proof of how faulty are laws made by men for women. Fancy only *one* medical man on the General Medical Council, the rest of its members being composed of midwives, nurses, and lay men and women! Absurd, of course; but why more ridiculous for a professional body of men than for a professional body of women? Denial of responsibility to women workers—pointing, of course, to their miserable social condition—that is all.

Yours faithfully,

"CERTIFIED MIDWIFE."

## THE MISUSE OF NURSING UNIFORM.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—During the trial of the Seddons at the Central Criminal Court for the murder of Miss Barrow (of which Mrs. Seddon was acquitted), Ellen Elizabeth Chaytor, general servant to the Seddons, was asked by Mr. Marshall Hall, K.C., under cross-examination, why she wore nurse's uniform.

According to the *Daily Mail* report the witness replied: "I used to be a nurse years ago." Asked further: "Do you always wear nurse's uniform?" she replied, "I have done so since coming to London, and before then." Later Mr. Marshall Hall returned to the subject with the question: "Why do you wear nurse's uniform as a general servant?" to which the witness replied: "When I first went to Leamington I was engaged there as a nurse, and Lord Leigh was the President of the Home for Incurables."

The examination demonstrated the readiness with which nursing uniform is adopted by all sorts and conditions of people often to the great detriment of the nursing profession, and the public should well understand that its use by no means implies that the wearer is a trained nurse.

Yours,

ONE WHO RESPECTS HER CLOTH.

[On enquiry at the Royal Midland Counties Home for Incurables at Leamington we were informed that about twenty-six years ago Ellen Chaytor was a nurse there for a short time only, and that as her name is not entered on the register of nurses kept there it is assumed that she left at the end of her month's probation. The misuse of nursing uniform is a very serious scandal.—ED.]



## OUR PRIZE COMPETITIONS FOR APRIL.

*April 6th.*—What would you do in case of hæmorrhage from the uterus?

*April 13th.*—Give the recipes of six simple dishes for night nurses, which could be easily made in the ward kitchen?

*April 20th.*—Describe the modern system of treating and nursing pneumonia.

*April 27th.*—Give some information on the training of infants.



## NOTICES.

If unable to procure THE BRITISH JOURNAL OF NURSING through a newsagent, the manager desires to be informed of the fact. Copies can always be procured through Messrs. Smith & Son, and at the office, 431, Oxford Street, London, W.

The Editor will always be pleased to consider articles and paragraphs on questions of Practical Nursing, which should be addressed to her at 10, Upper Wimpole Street, London, W.

# The Midwife.

## LISTERISM AND MOTHERHOOD.

“ We have already referred at length to Dr. Saleeby's brilliant book, “ Modern Surgery and its Making,” but the chapter on “ Listerism and Motherhood ” deserves further reference ; indeed, one of the objects of the book, as stated by the author in the preface, is to demand the Rights of Mothers from his standpoint as a Eugenist.

After pointing out that the scope of surgery, now steadily increasing, will still more rapidly diminish—since the disappearance of rickets, and of surgical tuberculosis, and the attainment of the bio-chemical control of cancer, to take no other instances, will progressively and rapidly diminish the importance of surgery as a servant of mankind, the author says :—“ Here we celebrate a beneficent new art which will ere long, thank heaven, be a lost art. But the necessities of birth will remain, nor will they ever be circumvented until, perchance, science abolishes death ”

There are, Dr. Saleeby holds, “ at least three special reasons why it is our duty to insist upon the importance of Listerism for motherhood ; and a writer whose life is devoted first and foremost to the divine cause of Eugenics may well be excused if he insists upon those reasons before proceeding to review the history, state the lamentable present facts, and indicate the evident requirements of this great subject.

“ The first reason is of course that truly stupendous and momentous fact, the fall in the birth rate, which is proceeding with even greater acceleration, and will long continue to proceed in all the civilized countries of the world. . . . The fall in the birth rate is an absolutely inevitable consequence of what has been called, not without some show of justice, the greatest discovery of the nineteenth century, namely the safe and efficient control of conception. . . .

“ There are those in abundance who desire to ‘ moralize this spectacle ’ ; and evidently the moralist, or the student of morality, has a notable object for contemplation in the fact that everywhere mankind desires the satisfaction of certain instincts out of proportion to the desire for their natural consequences. And when the censor turns student—a humbler and more arduous part, which he commonly thinks beneath him—he may profitably compare the relative advantages in moral principle, and in social result, of infanticide and the control of parenthood : of a mercilessly brutal struggle for existence and its preventive amelioration ; in a word, of irresponsible and irresponsible, improvident, animal, and provident reproduction.”

Some day, the author believes, the Eugenic ideal will be satisfied, and every child that comes into the world will be loved, desired and cherished in anticipation.

The second reason for the decline in the birth rate is “ the alarming present tendency of the women most desirable for marriage and motherhood to decline these functions altogether, or if not both of them at any rate the second. The time is at hand when, if we do not actually require to *tempt* such women to undertake their great social function, we most certainly do require to remove such objections and risks as may be removed. . . . Listerism transforms the conditions of motherhood, and lowers the attendant risks to an extent which is beyond calculation.”

The author then proceeds to show that “ maternity makes special and increasingly onerous demands upon the women of the higher races. In general, the higher races have larger heads, not only in maturity but at birth ; and this is one of the reasons why maternity is more exacting for the civilized woman than for her savage sister. Doubtless she has a wider pelvis, but even so there is a struggle, so to say, between the tendency for the size of the head to increase and the tendency for the capacity of the maternal pelvis to increase ; and the head, with all that it may be capable of and all that depends upon it, is ever at the mercy of the calibre of the bony ring through which it makes its amazing entry into the world. Now the risk of infection and consequent inflammation, during or shortly after childbirth, is directly proportional, other things being equal, to the amount of local injury, including the devitalisation due to mere pressure, done by the child's head in its course ; and this injury will evidently be greater in proportion to the size of the child's head. Thus the larger the head, the greater the need for Listerism ; which is familiar doctrine in the ears of every doctor or midwife, or obstetric nurse, who all know well that the birth of a boy, his head being bigger, involves greater risk and needs more care, than the birth of a girl.”

The author then shows that the use of strong antiseptics in normal maternity cases has passed, and “ now is the age of aseptic midwifery. Normally the attendant has to deal with what, from the surgical point of view, is the exact parallel of an operation upon unbroken skin—say for the straightening of a rickety limb. Nature is the surgeon, and she makes her aseptic wound for her purpose, as the surgeon would make a wound with a knife for his, and in either case, if infection occurs, the operator put it there. There are imaginable and even possible exceptions, but they may be wholly ignored. If, then, the patient be uninfected



in the first place, the use of antiseptics will tend to injure her living tissues, and will find no enemies of hers to kill. They must therefore be used only if and when there is reason to suppose that infection has been, or may have been introduced. Otherwise only sterile lotions—of which boiled water or 'physiological salt solution' is the type—must be permitted to come in contact with the patient's tissues, or at any rate those tissues of which the vital task of healing is about to be required. Under these conditions we may almost achieve the remarkable feat of reproducing, rivalling, if not surpassing in the modern city, the simplicity, safety, and ease with which we may doubtless credit primitive natural childbirth."

Referring to the granting of Old Age Pensions with an initial expenditure of some twelve million pounds per annum, the author says:—"Very little arithmetic is required to show what this sum would effect applied to the nation's maternity. . . . A birth-rate of twenty-five per thousand (and even that is higher, I do not doubt, than we shall ever see in Great Britain again) in a population of forty millions means one million births per annum. . . . Plainly, twelve million pounds for a million births provides us with twelve pounds to dispose of on each, even assuming that the money was required in each case, high or low.

"It is by no means asserted that we should withdraw Old Age Pensions, nor yet that we should proceed to spend twelve pounds apiece on each confinement, nor even that it would be wise, without paternal contributions, to undertake any State service of the sort. These are difficult questions, well worthy of discussion, but quite outside our present need. The points of the allusion to the pensions are two, and the first is that the money which would be required for the adequate care of every maternity case in the country is readily available; for Old Age Pensions alone consume already at least as much as would be required, on a liberal scale, for due attention before, during and after every confinement in the land. The expectant mother might have a month's freedom from work, whatever her class, before and after confinement, and the provision of a Listerian nurse and of a thoroughly competent and decently remunerated obstetrician of either sex, for twelve pounds or less. It is, indeed, no less than astonishing to discover how relatively trifling would be the cost of such a practice; and indeed, in general, what a very small proportion of the national income would be required for the vital purposes of the nation, compared with the huge sums which are misspent, wasted or worse. With one-twentieth part of the nation's annual expenditure on alcohol alone, it would be more than possible to provide due Listerian conditions for every mother who now goes without them.

"The second point of the allusion to Old Age Pensions is surely no less evident. How better could one illustrate the difference between a provident and an improvident nation, between statesmanship and politics? Mothers and infants have no votes. Many old age pensioners, and

many more who will some day qualify for pensions are among those upon whom politicians depend for their existence. Motherhood and infancy are thus ignored, whilst old age is provided for. Yet nothing could be more evident than that, if a wise nation were compelled to make a choice between provision for old age and provision for infancy, it would prefer to begin at the beginning, in the belief that rightly to provide for infancy is to lay the foundations of an old age which can provide for itself. The granting of Old Age Pensions was, of course, merely the beginning of an irresistible tendency, whereby more and more of the nation's total superfluity will be devoted to its localised needs. The needy will be dealt with, on the strictest political principles, in proportion to their voting power. . . . No doubt the granting of votes to women, when it comes, will have the effect of directing legislation to the great national needs for which I plead. The evidence of New Zealand, with its woman suffrage, protection of maternity, and the lowest rate of infant mortality in the Empire, is clear enough on that point."

A note at the end of this most interesting chapter states that it is printed as it was written before Mr. Lloyd George's speech in the House of Commons on May 4th, 1911, and in a later chapter the author discusses the possibilities in the new age now dawning.

In the thirty shilling maternity benefit provided for under the National Insurance Act we have a recognition of the principle of provision for maternity which may be regarded as a first instalment. We commend this book most earnestly to the attention of all midwives and obstetric nurses. It will illuminate them as to the supreme importance of the application of Listerian principles in their work, and the criminal negligence involved in any breach of their observance.

## AN IMPORTANT QUESTION.

An important point was considered at a recent meeting of the Preston Board of Guardians when the Nursing Committee proposed that nurses in the employ of the Guardians should be allowed, under a scheme arranged by the Medical Officer, to take a sufficient number of maternity cases outside the Workhouse to enable them to qualify as certified midwives. It was stated that there were not sufficient maternity cases in the workhouse to give the nurses the necessary experience to qualify, and that it was of increasing importance in the nursing world that they should possess this qualification.

It is not clear whether it is proposed that the nurses who are receiving their training as midwives in the Preston Workhouse should attend in their own homes cases which would naturally come under the care of the Guardians, or whether it is suggested that they shall take *any* maternity cases within a given radius, and we are glad that the recommendation was referred back, with the



consent of the Chairman of the Nursing Committee, in order that full details of the proposed scheme might be submitted.

Sir William Sinclair, as a member of the Central Midwives' Board, has on more than one occasion objected to the recognition of workhouses, and workhouse infirmaries, as training schools for midwives, on the ground that there would be an inducement to admit cases which would otherwise not be received, for teaching purposes, and the present instance—although it is not proposed to admit additional in-patients—seems to show that the warning is not unnecessary.

On the other hand, a member of the Board—Mr. Fazackerley—pointed out that to allow their salaried nurses to compete with other nurses (presumably midwives) who had to help to pay these salaries was a stupid proposition.

Indeed, it is difficult for independent midwives to obtain a living wage now, and if they are to be confronted with competitors subsidized by Boards of Guardians their position will be almost impossible.

In our view the points for the Guardians to consider in deciding this question are the interests of the poor, which it is their duty to safeguard, and the interests of the ratepayers to whom they are responsible.

From both points of view we consider it legitimate for them to arrange for the outdoor attendance of their midwifery pupils on such cases as would otherwise have to be admitted for in-patient treatment.

In the near future many of such cases will probably be in receipt of the Maternity Benefit under the National Insurance Bill and are therefore not unprovided for during the lying-in period. The ratepayers have to contribute indirectly to the allowance so made, and there seems therefore no reason why outdoor attendance by midwives appointed by the Guardians should not be sanctioned. This would prove much the most economical plan for the Guardians, and obviate the heavy expenses of in-patient treatment including ward space, maintenance, washing of bed and personal linen, and a proportion of the salaries of doctor and nurses. If efficiently organized, a saving of many thousands of pounds during the year would probably be effected by the establishment, on an extensive scale, of out-door maternity attendance on poor law cases, and besides the pecuniary gain, the self-respect of the mothers would not be demoralized by admission to the "House" and the children born would not have to bear the stigma throughout life of workhouse birth.

#### THE GLASGOW MATERNITY HOSPITAL.

The Lord Provost, in moving the adoption of the report, at the annual meeting of the Glasgow Maternity and Women's Hospital, and referring to the unsatisfactory financial position, said, that it appeared to him that the only course for the directors was to see that their case was properly stated in the city, and then the city's duty would be obvious, namely, to carry on the work.

Professor MacAlister said that though all hospitals subverted human ends, the Glasgow Maternity Hospital made a special appeal to their humanity if only for the reason that every case treated within it which was a case of emergency, was one in which two lives were at stake. He declined to believe that anyone could over-estimate the powers, the liberality or the public spiritedness of Glasgow, and he repudiated the suggestion. If that hospital had to be restricted in its operations, if wards were to be closed, if the opportunity for training was to be limited or restrained, the regulations of the medical school would still remain, but they would have to send their Glasgow men and women to be trained in some other place where they were not afraid to support such a school in a proper way, and Glasgow would lose that pride of place to which she had just reason to aspire.

#### REGISTERED MIDWIFERY NURSES IN QUEENSLAND.

The Health Act Amendment Act in Queensland, which contains clauses dealing with the registration of Nurses, provides for the registration of midwifery nurses under the following conditions:—"Every person who, on the first day of January, one thousand nine hundred and twelve, holds a certificate of midwifery from some hospital or other institution recognised by the Board under this Act, and proves to the satisfaction of the Board that during her training she received systematic instruction in midwifery from the Medical Officer and Matron of that hospital or institution, shall be entitled to registration as a midwifery nurse on payment of a fee of ten shillings, and on making application on or before the thirty-first day of December, one thousand nine hundred and twelve."

"After the first day of January, one thousand nine hundred and twelve, every person who has attained the age of twenty-one years and holds the certificate hereinafter mentioned, and passes the prescribed examination, shall be entitled to such registration, on payment of the fee of one pound."

"For the purpose of such examination every person desiring to be registered as a midwifery nurse must hold the following certificates: (a) If registered as a general nurse, of having attended for not less than six months, and in all other cases, of having attended for not less than twelve months, the practice of a lying-in hospital recognised by the Board; and (b) of having received systematic instruction in theoretical and practical nursing, as prescribed by the regulations."

Provision is made for the registration of midwifery nurses, who do not come within the above provisions, but who, previous to the first day of January, one thousand nine hundred and twelve, have obtained certificates issued by any such hospital, or who have had not less than three years' experience as midwifery nurses, the period of grace to end on December 31st of this year.

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Vol. XLVIII

## EDITORIAL.

### THE FORCE OF THE SPIRIT.

"The right to rebel is an elementary human right, and the right of the Government to repress rebellion is an elemental public right. It is the spirit of force against the force of the spirit."—*Israel Zangwill.*

Mr. Israel Zangwill, in his memorable speech on woman's suffrage at the Albert Hall last week, claimed for the movement that it is dominated by "the force of the spirit"—a spirit which sooner or later overcomes the spirit of force, and by its purity consumes all unclean things. That is the driving power of the women's movement, the motive which is at the back of the great meetings and processions of recent years, the like of which have never been seen in the world before, and which, as Miss Elizabeth Robins well pointed out at the same meeting, has cast out of women the spirit of fear, so that they are willing to sacrifice their health, strength, liberty, and all the things which make life dear, to gain the means of making their country a cleaner place for their sons and daughters, brothers and sisters, than men deprived of their co-operation have accomplished. It is this passionate desire, and not the mere wish for the right to exercise the Parliamentary vote, which supplies the energy which will carry the movement to a righteous and triumphant conclusion.

For this reason the loathsome tirade in *The Times* of March 28th, on "Militant Hysteria," by Sir Almroth Wright, calculated to influence men of the baser sort to oppose the demand for the enfranchisement of women, can have no prejudicial influences. Indeed its immediate effect will probably be to bring anti-suffragists into the suffrage movement, for we cannot imagine any modest woman supporting the opposition after reading this repulsive indictment, which has not only

been widely condemned by laymen and women, but has caused the writer to be publicly and justly scarified by members of his own profession.

In Sir Almroth Wright's view the suffrage movement is voiced by "women who have all their life long been strangers to joy, women in whom instincts long suppressed have in the end broken into flame—the sexually embittered women in whom everything has turned into gall and bitterness of heart, and hatred of men. Their legislative programme is licence for themselves, or else restrictions for men."

Next he mentions the "incomplete" who desire to convert the whole world into "an epicene institution in which man and woman shall everywhere work side by side at the self-same tasks and for the self-same pay." Of this aspiration he writes:—"Even in animals—I say *even*, because in these at least one of the sexes has periods of complete quiescence—male and female cannot be safely worked side by side, except when they are incomplete. While in the human species safety can be obtained, it can only be obtained at the price of continual constraint," and he goes on to make the most unwarrantable aspersion on the women members of his own profession who, he says, are "of course never on the side of modesty or in favour of any reticence."

Is it any wonder that such men as Sir Douglas Powell, late President of the Royal College of Physicians, Sir Victor Horsley, and Dr. Silvanus P. Thompson should hotly protest?

Sir Douglas Powell himself an anti-suffragist—writes of the "impropriety of deductions from experience of the medical consulting room being exploited in the public press. Even when expressed with accuracy and reserve, they are hardly decorous, but when put forward in the form of exaggerated half-truths, interspersed



with unsavoury imaginings as a contribution to one side of a passionate controversy, they are the more to be deplored."

Sir Victor Horsley states, also in *The Times*, "every one I meet agrees with me that Sir A. Wright's statements are most repulsive in the debased picture they represent of woman in her relation to man. . . . To the majority of his colleagues, who know his views, his perverted ideas of the relations of the two sexes will come with no surprise, but the public need to be warned against the assertions he makes concerning the physical constitution of women, assertions which he boldly advances as if they were physiologically and neurologically true. . . . "As Mr. McCurdy truly said, in the House of Commons, every one of us regards the letter as an insult to women, but Sir A. Wright has also insulted his profession and his sex. In truth his statements and allegations are essentially pornographic, for to medical practitioners in consultation, 'modesties and reticences' have no existence save to a prurient mind. The women medical practitioners have shown the world what is real modesty, and have always stood for a single code of moral conduct which should ennoble the lives of men and women alike.

"Sir Almroth Wright's ideals of life and of womanhood are far too degraded for national progress. Those of us who are demanding equal civic rights for both sexes intend to secure for the welfare of the nation a co-operation by men and women, both in public and private life of which no anti-suffragist has apparently yet formed any intelligent conception."

Let us hope for the consummation of that day when the spiritual force of both men and women will have freedom to overcome the animalism which inspires the fear with which many an anti-suffragist regards the emancipation of women.

We note that Sir Almroth Wright raises no question as to modesty and reticence in regard to women nurses, but nurses come into more intimate contact with patients than women doctors. Many are still living who remember the indecencies of hospital wards before educated women entered, refined and purified them. While, it is true that there is no sex in medicine or nursing, the nurse worthy of the name is tenderly

solicitous of the modesty of her patients, and has demonstrated that decency of procedure is compatible with thorough examination, and the performance of the necessary offices.

## ELLEN PITFIELD, PRISONER.

### A PETITION FOR HER RELEASE.

Every nurse and midwife will doubtless have read in the daily press of the case of Ellen Pitfield—wrongly described as a "nurse," but who is a certified midwife. How, as an ardent Suffragist, she was brutally injured when taking part in a demonstration in demand of the Vote on Black Friday, the 10th November, 1910. How cancer is supposed to have resulted from a blow then received, necessitating two operations, and that her case has been pronounced incurable.

Miss Pitfield came before the Central Criminal Court on Wednesday, March 20th, charged with setting fire to a basket containing shavings saturated with paraffin in the General Post Office. Mr. Justice Horridge said her case was tragic, but he was not going to take into consideration her motive for her extremely wicked, criminal act, but owing to the state of her health it would be wrong to sentence her to hard labour, and he should send her to gaol for six months in the second division. The prisoner, on leaving the dock, in which she was attended by a nurse, exclaimed: "I suffer for the freedom of all women." Now I am not going to enter into the motives which influenced Ellen Pitfield, or those of the judge who sentenced this sick woman to double the term of imprisonment often given to those terrible wild beasts who criminally assault innocent children; but I want every reader of this JOURNAL to realise that this woman, doomed to die, and that soon, a painful death from the most cruel disease, is shut away, perhaps for the last few months of life, in prison and alone, and that, realising this tragic fact, I want one and all to sign a Petition to the Home Secretary for the immediate release of this sick and dying woman. A form for signature will be found on page xii, which, when signed, should be sent to me at the Office of this JOURNAL, 431, Oxford Street, London, W.

Subscriptions in aid of propaganda in connection with the Petition will be gratefully received by me at 20, Upper Wimpole Street, London, W.

ETHEL G. FENWICK.



## THE X-RAYS AND THEIR USES.

By H. GORDON WEBB, M.R.C.S.Eng.,  
L.R.C.P. London.

(Concluded from page 244.)

Turning to the question of treatment by the rays, we find ourselves confronted by a mass of records and many disappointments.

Almost every kind of case has been submitted to the action of the rays in order to try

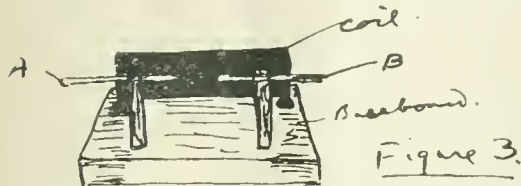
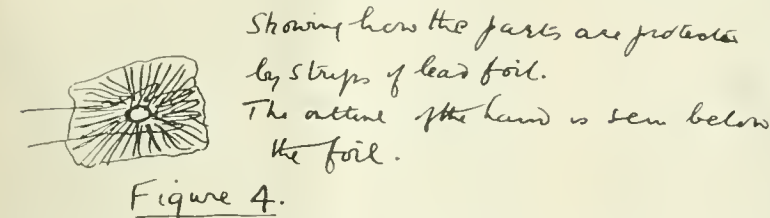


Figure 3.

and effect a more speedy cure. Nearly all classes of cases have to be returned as unsuitable. To be absolutely and brutally candid, the rays offer very little in the way of the hope of a cure to weary sufferers. Such cases as affections of the skin like rodent ulcer,



Showing how the parts are protected  
by strips of lead foil.  
The outline of the hand is seen below  
the foil.

Figure 4.

lupus, pruritus, hyperidrosis (excessive and disagreeable sweating in the axillæ and groins), and those awful cases of extensive carcinoma of the breast region, which spread out all round the side and under the axilla, and finally invade the region of the scapula (carcinoma en cuirasse), are markedly sensitive. In the last-mentioned cases the effect is not a curative one, but the rays exert a very powerful anæsthetic action and deaden the awful pain very considerably, although the checking effect upon the growth which some observers have noticed is, unfortunately, not often realised.

Tubercular glands in the neck afford a very good field for treatment, for huge masses of these, even when in the stage of fluctuation, can be made to disappear by repeated applications of small doses.

Ringworm is, of course, a subject unto itself, and the results in this line are better than in any.

The tube selected for use is generally of about a "two-inch alternative spark gap."

That means that the current will pass across the tube rather than across the two points on the coil (see Fig. 3, A B) when they are set two inches apart. Such a tube is called a "soft" one. Treatment tubes contain a special device for softening. The side tube F (see Fig. 1) is for this purpose. When the small end of platinum wire G is heated, air passes into the tube, and so softens it. The exact degree of heat required is a matter of experiment each time, as the wire is heated in "dribblets," the hardness of the tube being tested each time. When the two-inch strength is reached, the heating is discontinued.

The part to be treated is now carefully surrounded with lead foil cut in strips and carefully overlapped. (See Fig. 4.) The tube is now brought close to the part until its side is about six inches away. The current is now turned on for five minutes and then stopped.

Sometimes a special tube made of lead-glass, with a small window at one point made of soda glass is used. (See Fig 5.) This keeps all the rays in the tube except those that escape through the window. The protective covering of the patient is thus avoided. In other cases the ordinary tube is put inside a special box arrangement fitted on a pillar. The rays can then only escape through the holes in one side of the box. The size of the hole is

varied by diaphragms which fit over it. In dealing with ringworm we have to give a dose just sufficient to loosen all the hairs, and yet not burn the scalp.

It has been found that when a pastille made of the same material as the screen with which we view the X-rays is placed at half the distance from the head that the point at which the X-rays are produced (point P in Fig. 1) is placed, and allowed to change from the natural

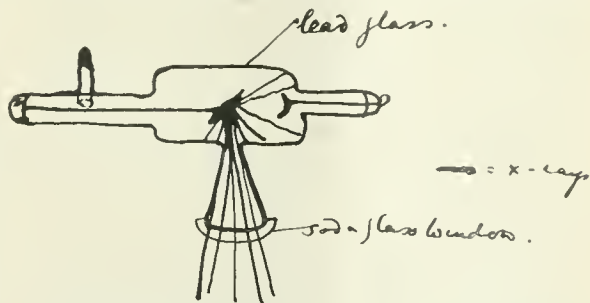


Figure 5.

green colour to a very deep yellow tint, at the same time as the rays are acting on the hair follicles, then the required dose has been given. This is the only safe method of giving a dose for the cure of ringworm. Time methods give bad results, as everything depends on the tube's "condition" moment by moment, and this can only be measured by something which changes in colour uniformly and rapidly when acted on by the rays. One dose by this method, if properly given, is sufficient for one patch of growth.

Of course, antiseptic ointment must be used at the same time, so as to prevent the spread of spores to healthy tissue as the hairs are shed. It usually takes about a fortnight to three weeks for the scalp to become epilated. The new hairs are generally grown during the next six weeks.

Just a word in passing about the ointments used whilst undergoing treatment by the rays, and for at least three weeks afterwards. The basis must be lanoline, or some such preparation of anhydrous wool-fat. Ointments made with a vaseline or petroleum jelly basis invariably cause burning of the skin, even when only a small dose has been given.

## OUR PRIZE COMPETITION.

### WHAT WOULD YOU DO IN CASE OF HÆMORRHAGE FROM THE UTERUS?

We have pleasure in awarding the prize this week to Miss Gladys Tatham, Sherwood, Roehampton Vale, Surrey, for her paper on the above question.

#### PRIZE PAPER.

1. Hæmorrhage, other than menstruation, occurring in an unpregnant woman, at once suggests a uterine growth, probably cancer or a fibroid tumour. Any nurse meeting this condition would naturally advise the prompt attendance of a doctor. If it is serious in amount, of course the patient must rest in bed and keep quite quiet till the doctor arrives.

2. Uterine hæmorrhage occurring during, and as a result of, pregnancy is known as ante-partum hæmorrhage, and must be distinguished from bleeding associated with pregnancy, which might have quite another cause—*e.g.*, cancer of the uterus.

Ante-partum hæmorrhage may be (1) that caused by miscarriage, (2) accidental hæmorrhage, and (3) unavoidable hæmorrhage.

Miscarriage is due to bleeding owing to separation of the ovum, or part of it, up to the twenty-eighth week of pregnancy. It is of two

kinds—threatened and inevitable. In both cases send at once for a doctor and in the meanwhile keep the patient absolutely at rest in bed. If necessary give a hot vaginal douche, 118 degrees F., of sterile saline, and *save everything* that is passed.

Accidental hæmorrhage may be of the revealed or concealed type. Disease of the uterus or placenta, disease of the mother, or accident are likely causes. In both varieties send for the doctor, keep patient in bed, give a hot douche, put on a tight binder; if the patient is in danger from the continuous loss, rupture the membranes and give a full dose of ergot (1 dram). But the two latter remedies are risky unless you are sure the child is in a good position to be born.

Unavoidable hæmorrhage is caused by the placenta being implanted over some portion of the lower segment of the uterus; the condition is known as placenta prævia. Send at once for medical assistance. Apply a tight binder, give a hot douche, keep patient quite quiet. If necessary plug the vagina tightly with sterilised gauze or strips of linen.

3. Hæmorrhage during labour can usually be checked by hastening the delivery of the placenta, and "massaging" the uterus till it contracts vigorously.

4. Hæmorrhage after labour is called post-partum, and may be primary or secondary. The primary occurs within twelve hours of the child's birth; the secondary may occur any time during the puerperium. Send for a doctor. Knead the uterus; if necessary use bi-manual compression. Give an injection of ergotine, or ergot, by mouth. Give a hot sterile douche. Compress the aorta against the spine; this is easy to do in thin women or those with lax abdominal walls. Keep the patient absolutely at rest; never mind about tidying her up before the doctor's arrival.

In all severe cases of hæmorrhage treat the collapse, send immediately for assistance, *don't* get flurried, and *do* remember asepsis.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. Williams (Hammer-smith), Miss Mills (Kintbury), Miss A. M. Cameron (Bournemouth), Miss M. Upton (Birkdale), Miss Mackintosh (Perth).

Miss Williams writes:—"For practical purposes in all cases of uterine hæmorrhage the treatment is the same. The first thing to do is to place the patient in bed and keep her calm. Owing to the seriousness of the majority of these cases a doctor should be at once summoned. . . . It will be found advantageous to raise the pelvis by means of a bolster or pillow,

which should be protected by a mackintosh and then covered with a sheet or towel." After describing the method of giving a hot douche the writer continues:—"Should the above methods fail in arresting the hæmorrhage, and the doctor has not arrived, as a last resource the vagina should be plugged. For this purpose strips of wool or gauze are cut, and boiled so as to render them sterile. The hands are then thoroughly cleansed. The perineum is hooked back and the vagina is firmly packed with the strips of sterile gauze by means of the forefinger, care being taken to well pack the cavity at the top of the vagina each side of the neck of the uterus. The last layer of plugging should project outside the vulva, which is also well packed. A T bandage is then firmly fixed on. It is also found advantageous to apply a firm binder to the abdomen.

"If it is a case of a pregnant uterus, on no account should a nurse take upon herself to pack the vagina, as this is likely to bring on labour."

Miss Mills mentions that "in a case of profuse hæmorrhage the patient should be very lightly covered and movement of any kind avoided. All food and drink should be given cold." Treatment by drugs should only be given under medical direction. The writer omits (inadvertently, no doubt) to mention that medical assistance should be summoned.

Miss Cameron states that the main points to be observed in cases of this kind are:—(1) To send immediately for medical aid, stating the reason; (2) strict attention to rigid asepsis throughout; (3) the reassuring of the patient; (4) the prompt treatment of present or consequent shock or collapse; (5) to obtain intelligent assistance, remembering the absolute importance of keeping at least one hand and forearm aseptic."

#### QUESTION FOR NEXT WEEK.

Give the recipes of six simple dishes for night nurses which could easily be made in the ward kitchen.

### THE NURSES OF INDIA AND THE INTERNATIONAL COUNCIL.

We are very glad to learn that the formal application of the Trained Nurses' Association of India for affiliation with the International Council of Nurses has been received at the Central Office. The work being done in our Indian Empire by trained and educated women in the prevention and care of disease is in the very highest degree of imperial value and importance. When the contingent of the Nurses

of India are formally federated to the sound of our inspiring National Anthem at Cologne, it will be a thrilling moment for those of their colleagues who helped to found this great sisterhood of healing in London in 1899.

The Trained Nurses' Association of India have nominated as their representatives at the Meeting of the International Council:—Miss L. M. Tippetts, President of the "Nursing Superintendents' Association of India," Matron of the Marlborough House Nursing Home at Lahore and Simla. Miss G. Tindall, President of the "Trained Nurses' Association of India," Matron of the Cama Hospital, Bombay. Mrs. Klosz, Editor of the *Nursing Journal of India*; and Miss C. R. Mill, Vice-President for India of the International Council of Nurses, and Matron of St. George's Hospital, Bombay.

### REAL INCIDENT COMPETITION.

#### THE SALVATION OF MURPHY.

BY THE HON. ALBINIA BRODRICK.

It was an unhappy home. Murphy, once the kindest and best of husbands, had taken to drinking. The wife was miserable and childless. Year after year her hopes failed. Seven premature and stillborn babies and a drunken husband filled her with despair. Yet, being a woman of rare courage and insight, she determined to make one last stand. "If he had the child," she said, "we could hold him, the two of us."

When I knew her first she was in a maternity hospital waiting for the onset of labour—a contracted pelvis. There had been some miscalculation, and day after day she sat there, a pathetic, cheery little soul, looking forward anxiously yet hopefully to the Cæsarian section upon which she had staked all her hopes. It was for her literally the *last* hope. If that failed, if she was never to bear a living child, she might as well lie under the sod. And so she sat and sewed day after day, with the far-off look in her eyes, whilst the days drew into weeks, very weary of the town, but always unwavering in her constant courage. It was for her husband's soul she fought.

And when at last her time came she hailed it as her crown of joy. Her pain, her death were nothing. "If only he had the child!"

There was no happier woman in Ireland than pale, exhausted little Mrs. Murphy in her hospital bed, alone amongst strangers, when the beautiful truth came home to her that she was the mother of a living child.



And as she had dreamed, so it was with them. The man who could not be reached by a woman's love and devotion yielded to the mysterious touch of fatherhood. Joy and pride and the newness of the child life held him at the first—and later the child herself. No gratitude was hers. What matter? She had her triumph.

#### A SCOTCH MARRIAGE.

By MRS. L. C. THATCHER.

Annie Fawcett, a trained nurse working in Australia, alarmed at the extraordinary tone of her sister's letters, returned to London. She found this sister Dorothy dying of cancer in lodgings. The landlady said she had called herself Mrs. Moore, and that the one-year-old child Annie found in the room was undoubtedly her child, as he had been born there.

All this was a revelation to Annie, who had no idea her sister was married.

Dorothy died without being in a condition to clear up the mystery. The sisters had been alone in the world save for an uncle, now dead. Annie searched for a marriage certificate among her sister's possessions, and did not find one; neither did she find anything which could throw any light on the mystery. She had the registers searched for proof of a marriage of a Dorothy Fawcett. There was no trace of such a marriage.

By hard work Annie was able to support herself and her sister's child. Ten years later she nursed a wealthy, rather elderly man who was dying of phthisis. To him she told her sister's mysterious story, as he seemed genuinely interested in her and in her little nephew.

After his death, Annie found he had been her sister's husband, and he left his property and money to his son by her, and a large legacy to Annie. He left to Annie a sealed envelope containing her sister's marriage certificate. It had been a Scotch, irregular, though legal marriage, and it had not been registered.

He also left particulars of the events which led to the separation of himself and his wife, and explained how he had lost all trace of her until Annie had told him of her sister's story.

The King has been pleased to confer the decoration of the Royal Red Cross upon Miss Georgina Phœbe Herbert Haines, Matron of the Convalescent Home at Osborne, in recognition of her special devotion and competency in nursing invalid officers of His Majesty's Navy and Army.

#### THE TRAINED WOMEN NURSES' FRIENDLY SOCIETY.

A notification of the proposal to form a Trained Women Nurses' Friendly Society has been sent out by the Provisional Committee of the above Society, to the matrons and superintendents of a large number of hospitals and nursing institutions in the United Kingdom, the result of which will be laid before a meeting of the Committee on Wednesday, April 17th. Scotland and Ireland may arrange to form Scottish and Irish Nurses' Friendly Societies respectively. Indeed, in Scotland the organisation of such a society is well forward, and a prospectus issued, and as in each country 5,000 nurses must join before a society can be approved by the Commissioners, or suffer the consequences, the action of the Royal National Pension Fund in "butting in" is calculated to split the effort for national co-operation amongst nurses, greatly to their detriment. In Scotland, for instance, it is doubtful if there are 10,000 trained nurses; and as 5,000 must join the Pension Fund scheme, and 5,000 the Scottish Nurses' Friendly Society before they can become approved societies, it would be the wisest course for Scottish nurses to unite and form one strong national society, largely managed by matrons and nurses. Such strong societies, if formed in England and Wales conjointly, in Scotland and in Ireland, could, by mutual arrangement, decide to benefit by members being permitted to transfer to such national societies if they took up work in either country. This mutual agreement would benefit the nurses of each country in an equal degree.

The attempt upon the part of the managers of the Royal National Pension Fund to monopolise the management of trained nurses' money is very undesirable. It means the denial to them as a class of the right to manage their own affairs under the National Insurance Act, as other classes of women workers are doing, and, if they could only realise it, to provide well-paid posts and patronage for men who do not pay one penny towards the expenses of organisation as nurses are taxed to do. As this is the only journal purporting to deal with the interests of nurses in which paid advertisements of the Royal National Pension Fund do not appear, it is probable that it is the only one in which a plain statement of fact concerning this matter is likely to be made.

Never was there a time in the history of our profession in which it was more necessary to prove our capacity to intelligently conduct our

affairs, when Parliament has decided to treat us as serfs, and whilst classing women lower than the basest criminal man, and on a mental plane with lunatics and children, to shamelessly take our money through taxation whilst denying us just representation, and the power to say how it shall be spent. The men who manage the Pension Fund are pronounced anti-suffragists; the less power they have over us the better.

## THE REAL FLORENCE NIGHTINGALE.

General Evatt gave a most illuminating address on Florence Nightingale at the Lyceum Club on the 28th ult., at the Authors' At-Home. Mrs. Rentoul Esler was in the chair and the audience were evidently deeply interested. The reason was not far to seek, as General Evatt presented Miss Nightingale in her truly great character, and not merely as the somewhat sickly philanthropist which a sentimental and unappreciative public has accepted from mid-Victorian records written by men. General Evatt entitled her the "Woman Who Knew," and then he very skilfully sketched how she came to know.

Born in the purple (no middle-class woman in those days would have been permitted by class prejudice to fill the position of organizer and Lady-in-Chief in the Public Service by Government), most thoroughly educated by a highly cultivated and widely travelled father, surrounded from birth by culture and refinement—her marvellous mentality found its true environment and scope from her earliest years. Florence Nightingale was endowed with great force of character and power of original thought, she knew because she was trained and educated; and she was able to enforce her knowledge at the call of circumstance, because her character was strong and indomitable. With a few keen observations General Evatt brought before his audience the stupendous force of Miss Nightingale's influence. Her connection with Nursing was but part of her work as a great sanitary reformer. She was primarily a great health missionary; and it was because she had fitted herself by personal experience in all departments of work in relation to health, at home and abroad, that she *knew*, and when public opinion was aroused in England as to the hopeless breakdown of the whole Army equipment in the Crimea—that when called upon, she was ready. Gentle she was in manner, but of the finest mettle; a great and tireless organizer, but a very firm and ruthless administrator. No one had done more to purify the Army and elevate the soldier; she did not only nurse him when sick, but suggested his betterment in health. She was also the greatest Indian sanitary reformer the world had ever seen: she knew more of its intricate laws and of the condition of its people, than any politician. Of Miss Nightingale's work after the Crimean war General Evatt spoke in unstinted praise, and claimed that the sex which she

adorned had the right to just equality in political freedom, so that its special genius should be available for the benefit of mankind.

### A MAGNIFICENT MILITANT.

In offering the warmest thanks of the audience to General Evatt for his masterly oration in recognition of the genius of one of the world's greatest women, Mrs. Bedford Fenwick claimed that Florence Nightingale was one of the most magnificent of militants. Let them remember that when the sick were starving at Scutari, and the written order was not to hand for distributing stores from a locked store-room, Florence Nightingale had the door battered open and the stores distributed. That was the keynote of her splendid character: she was no sweet saint, but a great and splendid human creature, who served the people with promptitude and devotion—irrespective of precedent and results.

It would be well for the audience to realise that the profession of nursing, which she founded for the prevention and care of sickness, had after half-a-century of time received no recognition from the State. Trained nurses were still struggling to fulfil their high and responsible duties without legal status, a defined educational curriculum, or means of discipline. To General Evatt nurses and the public owed warm gratitude as he had been the first man to present to the War Office, in 1885, a memorandum defining a scheme of education and registration for the better organisation of Trained Nursing; a memorandum which had been pigeon-holed; so that the nurses who in 1887 came forward with the same demand were unaware of General Evatt's action. And now, after a quarter of a century of time, the constant petitions of thousands of trained nurses were still pigeon-holed by a Government which excluded women, including Florence Nightingale, from helping to make social laws for the benefit of the State.

### A NIGHTINGALE COLLEGE OF NURSING.

Mrs. Fenwick then alluded to the sad result of the Nightingale Memorial appeal—only some seven thousand pounds having resulted from three appeals from the Memorial Committee. The rank and file of the nursing profession had been denied representation on the Committee, but as practically so little support had been forthcoming for a charity memorial she hoped the day would come when the British Public would do justice to the memory of the greatest woman of the nineteenth century, by erecting in her memory a memorial worthy of her name—The Nightingale College of Nursing, in which her wonderful teaching could be carried on for all time.

In seconding the vote of thanks Mrs. Havelock Ellis said the generous manner in which General Evatt had spoken of Miss Nightingale made her proud to be a woman.

The vote of thanks which was passed by acclamation, was accompanied by the expression of opinion that a fitting memorial of an educational character must be raised to the great teacher who had pupils in all parts of the world.

## WELCOME HELP.

The Hon. Secretary of the Society for State Registration begs to thank members who have paid their annual 1s. subscription, and also to acknowledge a donation of £2 2s. from the General Hospital Birmingham Nurses' League as "a small token of appreciation of the delightful address so kindly given on State Registration" by the President, and £1 1s. from Miss Janet Stewart, "in memory of Isla Stewart"; Miss B. Cutler, 5s.; Miss L. Wariner, 5s.; Miss A. Henderson (Cape Town), 4s. Subscriptions and donations are urgently required to carry on the education of our legislators, and the public, on the State Registration Movement.

## THE SCOTTISH NURSES' ASSOCIATION.

The following motion, passed at a large meeting of nurses held in Glasgow on March 4th, has been forwarded to the National Insurance Commissioners for Scotland:—

That this meeting would respectfully submit to the Commissioners that Hospitals be not permitted to contract out of paying their regular proportion as employers in view of the disabilities which it would impose upon nurses on leaving such hospitals to take up either private work or any other of the many branches of nursing.

## A WOMAN'S "LITTLE BIT."

Englishwomen often do a splendid bit of work for the Empire and for humanity of which the world never hears. Recently it came to our knowledge in discussing the Quarantine Station at El Tor, on the Red Sea, that in 1898 Dr. Ruffer, President of the Quarantine Board of Egypt, asked Miss B. Cutler, then at Cairo, to find him a nurse to inspect the female pilgrims on their return from Mecca. Grasping the great importance of the work, Miss Cutler volunteered to go herself, so she obtained three months' leave from the Public Institutions Department, under which she was working, and went to El Tor, where she helped to organize the station. At that time, when two or three steamers came in, thousands of pilgrims were placed under canvas. There is now at El Tor a most perfect Quarantine Station, with disinfecting apparatus and baths complete, where Miss Smythe, a Bart's nurse, is in charge, and to which 6 or 8 certificated nurses go down when the Pilgrimage is returning from Mecca to Europe. Dr. Ruffer, a most charming and

clever man, is still President, and no doubt he is well pleased with the growth of his scheme, and the immunity from infection and disease which has resulted. But a woman did her "little bit," and did it well.

## NURSES' MISSIONARY LEAGUE.

The Tenth Annual Conference and Meeting of the Nurses' Missionary League will be held at University Hall, Gordon Square, W.C., on Tuesday, April 23rd.

### PROGRAMME.

#### MORNING MEETING, 10-12.30.

*Chairman*—Miss J. Macfee, B.A.

*Devotional Address*—Miss E. M. Bailey. *The Nurses' Missionary League from 1903-1912*—Miss A. M. Cable (China). *Discussion on Bible Study*. Interval. *Address—Vocation: What constitutes a call?*—The Rev. E. N. Sharpe, M.A. *Intercession*.

#### AFTERNOON CONVERSAZIONE, 2.30-5.30.

*Hostesses*—Miss Davies (St. Mary's Hospital, Paddington), Miss Bird (Great Northern Central Hospital), Miss E. M. Jones (late Royal Infirmary, Liverpool).

*Address*—"Why should I as a Nurse be interested in Medical Missions?" Miss E. C. Gregory.

*Missionary Exhibit*, illustrative of the Religions and Religious needs of China, described by Miss E. E. Overton and Miss L. Stevenson.

#### EVENING MEETING, 7.30-9.30.

*Chairman*—Miss Haughton (Guy's Hospital).

*Business Meeting*—Adoption of Report, &c., W. McAdam Eccles, Esq., F.R.C.S. *Missionary Address*—G. E. Dodson, Esq., M.R.C.S. *Closing Address*—R. P. Wilder, Esq. (Student Christian Movement).

## PRACTICAL POINTS.

*The Southern California Practitioner* says:—"In spite of the use of special instruments, the removal of apparatus containing plaster-of-Paris

is often troublesome, and in the case of a recent fracture may cause injury. Methods of softening the plaster by water, either alone or with the addition of salt, are rarely successful, as the apparatus becomes coated with a layer of grease which prevents their action. The writer has obtained satisfactory results by moistening the line of section with vinegar applied on a tampon."

#### Over-distention of the Bladder.

Over-distention of the bladder, says the *Pacific Medical Journal*, due to neurasthenia, hysteria, shock, or prolonged voluntary retention may be overcome by administering a rectal enema consisting of a pint of warm water and an ounce of glycerine.



## PRESENTATIONS.

A very pleasant and interesting ceremony took place in the Royal Aberdeen Hospital for Sick Children, on March 26th, when Miss Agnes Wilson—one of the Sisters—on the occasion of her leaving to be married, after 26 years of faithful service as probationer, nurse, and sister, was made the recipient of several gifts. Mr. Harvey Hall, Vice-chairman of Directors, in a most happy manner presented Miss Wilson with a cheque from the Directors, silver tea spoons from Miss Tattam, the Lady Superintendent, a tea cloth from Miss Wishart, Assistant-Matron, a picture from the Medical Sister, silver salt cellars from the Surgical and Night Sisters, and silver flower vases from the nurses. Miss Tattam spoke cordially of the very high esteem in which Miss Wilson was held, and of how sincerely her loyalty and devotion to duty were appreciated. Miss Wilson, who has the good wishes of all who have the privilege of knowing her, gratefully acknowledged the many gifts.

A handsome gold watch, bearing the inscription "Presented to Miss Adeline Haynes, Queen's Nurse, by the Ancient Order of Foresters, 7th February, 1912," has been given to Miss Haynes by the Order as a small token of appreciation of the excellent work she has done, and is doing, at Barnstable.

## EXAMINATIONS.

Miss M. M. Davis, who is on the private nursing staff at St. Bartholomew's Hospital, has just distinguished herself by passing first in the examination of the Incorporated Society of Trained Masseuses.

## THE PASSING BELL.

The sad circumstances of the death of a probationer at Guy's Hospital, Miss Florence Mabel Jagger, while under treatment as a patient, suffering from erysipelas of the face, were considered at an inquest held by Dr. Waldo last week. The deceased nurse was seen by the night nurse about 10.10, when she appeared to be asleep. Three-quarters-of-an-hour afterwards on the visit of the house surgeon it was discovered that she was missing, and found that she had fallen from the ward window, to which she had climbed from a table by the bed, into a stone passage. Dr. A. H. Clark, Assistant House Surgeon, said the nurse came under his care on March 22nd. The next day her temperature was 104° Fahr., but went down subsequently. She showed no signs of depression and was progressing favourably. Her action was probably due to sudden delirium. Under the window was a roof which she must have climbed before she fell. The nurse died about a quarter of an hour after the accident without recovering consciousness. Sincere sympathy will be felt with the relatives of the deceased nurse, and with her colleagues at Guy's, amongst whom she was very popular.

## APPOINTMENTS.

## LADY SUPERINTENDENT.

**Meath Home of Comfort for Epileptics, Godalming.**—Miss Witchell has been appointed Lady Superintendent. She was trained at the London Hospital, where she held the position of Staff Nurse. She has held the positions of Sister at the Sussex County Hospital, Brighton, Sister at Queen Charlotte's Hospital, London, also Night Superintendent and Lecturer, and at times she supervised the housekeeping and the domestic staff. She has also been Matron of the Cottage Hospital, Abingdon, and Matron of the Grosvenor Hospital for Women, Vincent Square, S.W.

## MATRON.

**Beckett Hospital, Barnsley.**—Miss E. Wilcock has been appointed Matron. She was trained at the General Infirmary, Leeds, and has held the position of Sister at the Royal Infirmary, Derby, and in the Casualty and Out-patient department at the General Hospital, Birmingham, where she has also been Night Superintendent, Home Sister, and temporary Assistant Matron. She also served in South Africa during the war as a member of the Army Nursing Service Reserve.

**The Downs School, Sutton, Surrey.**—Miss Edith D. Hancock has been appointed Matron. She was trained at the Royal Hants County Hospital, where she has held the position of Sister. She has also held the position of Sister at Chelsea Infirmary and Home Sister and Assistant Matron at the Downs School, Sutton, Surrey.

## NURSE MATRON.

**Infectious Diseases Hospital, Morecambe.**—Miss Jennie Day has been appointed Nurse-Matron. She was trained at the Monsall Fever Hospital, Manchester, and has been Charge Nurse and Deputy Matron at Fylde Joint Hospital, and in temporary charge at Stockport Branch Hospital (enteric and diphtheria).

**The Carshalton and District Hospital.**—Miss Mary Batley has been appointed Nurse Matron. She was trained for three years at the Beckett Hospital, Barnsley, where she has held the position of Ward and Theatre Sister.

## ASSISTANT MATRON.

**General Infirmary, Leeds.**—Miss E. Hill has been appointed Assistant Matron. She was trained at the General Infirmary, Leeds, where she afterwards held the position of Sister, and has been Sister-in-Charge of the Ida and Robert Arthington Hospitals at Cookridge, near Leeds.

**County Hospital, Bedford.**—Miss Ellen Watts has been appointed Assistant Matron. She was trained at the General Hospital, Northampton, where she has held the position of Sister in a children's ward, a women's medical ward, and the out-patient department. She has also been Home Sister. She has had experience of private nursing and is a certified masseuse.

**Glasgow Maternity and Women's Hospital, Glasgow.**—Miss Alice L. Moore has been appointed

Assistant Matron. She was trained at the Adelaide Hospital, Dublin, and the Rotunda Hospital in the same city, and has been Sister at the Liverpool Maternity Hospital, and the Leith General Hospital, Night Superintendent for three and a-half years at the Rotunda Hospital, and Assistant Matron at the Leeds Maternity Hospital. She is a certified midwife.

**Royal Hospital for Incurables, Putney Heath, S.W.**—Miss May Brewer-Brice has been appointed Assistant Matron and Home Sister. She was trained at the County Hospital, Colchester, and has held the positions of Staff Nurse at the West London Hospital, Hammersmith, and Day Sister, Night Superintendent and Assistant Matron at the Royal National Hospital for Consumption, Ventnor, Isle of Wight.

#### SISTER.

**The Hospital, Chesterfield.**—Miss Winifred Cook has been appointed Sister. She was trained at the Norfolk and Norwich Hospital, and has had experience of private nursing in connection with its private nursing institution, and has also done Sister's holiday duty.

#### CHARGE NURSE.

**Victoria Hospital, Accrington.**—Miss Atkinson has been appointed Night Charge Nurse. She was trained at the Borough Hospital, Birkenhead, and has been Head Nurse of the Men's branch of the Maghull Epileptic Home, Lancashire.

#### QUEEN VICTORIA JUBILEE INSTITUTE.

##### *Transfers and Appointments.*

Miss Katherine Andrews is appointed to Guildford, Miss Sarah Bridge to Darwen, as Senior, Miss Lilian Fairweather to Wallsend, Miss Ethel G. Hughes to Angle, Miss Mary J. Hume to Glossop, Miss Mary Peers to Huddersfield, Miss Mabel Price to Aberystwith, Miss Louisa Tringham to Warrington, Miss Jane Woodyard to Guildford.

#### RESIGNATION.

The news of the resignation of Miss S. J. Munro, Matron of the County Hospital, Bedford, will be received with sincere regret by the many nurses who have trained and worked under her, as well as by the profession at large, which knows how much the nursing world owes to her.

Miss Munro, who has been Matron of the Hospital for over 14 years, is leaving to enjoy a well-earned rest. She began her work as Matron in the old Infirmary, the new hospital was opened two years afterwards, and on her initiative the three years' system of training was then started.

Miss Munro has been presented by the Board of Management and Subscribers to the Hospital with a very handsome cheque, in recognition of the valuable work she has done for the institution. The presentation took place at the annual meeting of the Hospital Guild and Linen Show, in which Miss Munro has always taken such a keen interest.

The Nursing Staff also presented her with a beautiful gold wristlet watch and bracelet, and the domestic staff with a silver purse bag.

## NURSING ECHOES.

The Nurses' Memorial to King Edward VII is beginning to take shape. A sum of £9,000 was collected, and it was decided that the memorial should take the shape of Homes for Nurses when past work. By way of beginning, two houses have been adapted for this purpose on Clapham Common, and when finished will hold about twenty inmates. The scheme is not altogether a charity, as the lodgers must have an assured income of some 10s. a week. The rooms will be let as bed-sitting-rooms, which the nurses will keep in order with some little help, and in which they can take breakfast and tea. There is to be provided a common sitting-room and a dining-room; in the latter, dinner and supper at a certain price will be provided. The aim is to give more comfort in this semi-communal Home than a nurse can procure with a very slender income when alone, and we hear there are plenty of nurses anxious to avail themselves of the privilege of living in the Home. There is a nice garden attached to the houses secured, so that will, no doubt, prove a very great attraction, and for those who enjoy company should be far less lonely than any other arrangement. For those who prefer solitude these Homes are not the ideal place.

The Jewish papers have lately contained a very interesting correspondence on the reason why Jewish girls have not (with very few exceptions) taken up nursing. One lady who has done so, having trained at the West London and taken the C.M.B. from the Rotunda Hospital, and who is engaged in private nursing in London, writes:—"My personal experience has shown me that a Jewish girl of orthodox family need have no qualms in taking up the nursing profession, although she may have to follow certain of her religious teachings more in the spirit than the letter. I myself was brought up in a strictly orthodox family. I think it is a matter of time and education before the Jewish woman realises her suitability for this particular branch of woman's useful sphere, and I consider Jewesses peculiarly adapted for this profession, in view of their traditional love of home and family, and because they are endowed with the necessary qualifications of patience and perseverance which would make them, as Dr. Mandel puts it, an ornament to their faith and profession."

The Ladies' Linen League, in connection with the Cumberland Infirmary, Carlisle, which

Awarded the Certificate of The Incorporated Institute of Hygiene.

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## The BRITISH JOURNAL of NURSING

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### LITERARY CONTRIBUTIONS

Contributions to the Editor should  
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### POSTS VACANT.

#### MATRON.

#### NEWARK HOSPITAL.

Wanted MATRON, three years' trained  
Nurse, with experience in Housekeeping  
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Resident House Surgeon.  
For form of application apply to the  
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#### KING'S NORTON UNION INFIRMARY.

#### TRAINING SCHOOL FOR NURSES.

#### SISTER IN MATERNITY WARD.

The Guardians invite applications for the  
appointment of a SISTER in the Maternity  
Ward at the Infirmary, Selly Oak, near  
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Salary £32 per annum, rising £2 annually  
on satisfactory service to £36 per annum,  
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Out-door Uniform, and Laundry.

Candidates must possess the C.M.B. cer-  
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Apply (at once) for forms of application,  
enclosing stamped addressed foolscap en-  
velope, to the Matron, Infirmary, Selly Oak,  
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The Infirmary is registered as a Training  
School by the C.M.B.

R. J. CURTIS,  
Clerk to the Guardians.

Guildhall Buildings,  
Stephenson Street, Birmingham.  
March 26th, 1912.

6839

SISTER REQUIRED for Women's Ward  
of 20 beds. Medical and surgical.  
Salary £30, with indoor uniform. Apply,  
with photograph and references, to Matron,  
General Infirmary, Macclesfield. 6840

#### CHARGE NURSES.

CHARGE NURSE REQUIRED (May  
1st). Certificated, able to train pro-  
bationers, for small general hospital. 30  
beds. Salary £30, with uniform. Apply  
Matron, The Hospital, Tamworth. 6841

WANTED. CHARGE NURSE (Sister).  
Gentlewoman. General training and  
ophthalmic experience. Salary £30. Apply,  
with full particulars and stamp, Matron,  
Eye Infirmary, Sunderland. 6842

#### STIRLING DISTRICT ASYLUM, LARBERT.

Trained HOSPITAL NURSE WANTED  
to act as Sister or Assistant Matron. Pre-  
ference will be given to one also holding the  
Medico-Psychological Certificate.

Salary £40, with board, laundry, and  
uniform.

Appointment will be subject to the pro-  
visions of the Asylum Officers' Superannua-  
tion Act, 1909.

Apply, enclosing photograph, with par-  
ticulars as to age, training, and experience,  
and with testimonials, to the Medical  
Superintendent. 6843



## STAFF NURSES.

**CORNWALL.**—STAFF NURSE REQUIRED, from provincial hospital preferred. Good surgical experience necessary. Apply, with photo, Matron, Miners' Hospital, Redruth. 6844

**STAFF NURSE** (three years' training) REQUIRED (end of June). Salary £25. Uniform given. References required. Apply Matron, The Cottage Hospital, Warminster, Wilts. 6845

**STAFF NURSE**, with general training, WANTED. Small hospital (21 beds). Salary £25 to £30. Apply Matron, Hospital Bideford, Devon. 6846

WANTED, at the Cottage Hospital, Dunster, Somerset (10 beds), salary £35, NURSE, three years' training at general hospital, to work under Nurse-Matron. Applications, stating age, qualifications, previous experience, &c., enclosing photo and copies of three recent testimonials, to reach L. C. Webber-Inledon, Hon. Sec., 16, Park Street, Minehead, Somerset, not later than Tuesday, April 9th. 6847

## PROBATIONERS.

WANTED.—At once, PROBATIONER, age 20-23. Certificate, Salary £12, rising.—Apply, Matron, The Eye Infirmary, Wolverhampton. 19

## WANDSWORTH UNION.

Required at the St. James' Infirmary, Ouseley Road, Balham, S.W. (near Wandsworth Common Station).

PROBATIONER NURSES.—Must not be under 21 years of age. Previous experience not necessary. Salary £10 for the first year; £18 per annum for the second and third years: with board, lodging, washing and uniform.

Apply at once to the Matron at the Infirmary.

By Order,  
F. W. PIPER, Clerk.  
Union Offices,  
St. John's Hill,  
Wandsworth, S.W.  
April 1st, 1912.

23

VACANCY for PROBATIONER of good education and health for two years' training. Certificate given. Miss Cole, Matron, Fever Hospital, Cleckheaton. 6858

PROBATIONER WANTED in small Fever Hospital. Salary £18. Apply, stating age and full particulars, Matron, Statutory Hospital, Claverton Down near Bath. 6859

PROBATIONERS for two years' fever training. Lectures and certificate given. Apply Matron, Sanatorium, Cambridge. 6860

PROBATIONER REQUIRED (age 21). Strong. Two years' training. Salary £10-115, uniform. Apply, with particulars and references, Matron, Cottage Hospital, Margate. 6861

PROBATIONER wanted. Well educated. Age 20-21. Salary £5 and indoor uniform. Hospital (24 beds). Apply, with references and photograph, to Matron, Malvern Hospital. 6848

PROBATIONER (gentlewoman) wanted in hospital (18 beds). Small entrance fee. Salary second year. Uniform, laundry.—Apply Matron, The Hospital, Bridgnorth, Salop. 6849

PROBATIONER required. Not under 21. Well educated. Two years' training. Small salary.—Apply, with references and photograph, Matron, Wood Green Hospital, N. 6850

PROBATIONER wanted for small Isolation Hospital. Salary £15, £20, uniform.—Apply, with testimonials, Matron, Morton Hospital, Alfreton, Derbyshire. 6851

## DISTRICT NURSES.

## LONDON DISTRICT NURSING.

RANYARD NURSES (Founded 1868).

Fully trained HOSPITAL NURSES wanted, willing to devote themselves to nursing the sick poor. Special district training given; also lectures. Apply the Secretaries, Ranyard House, 25, Russell Square, W.C. 21

DISTRICT NURSING.—Wanted, fully-trained NURSES to train as Queen's Nurses. Apply to the General Superintendent, Queen Victoria's Jubilee Institute for Nurses, 58, Victoria Street, London, S.W. Applicants can be seen at the above address on Thursdays between 2 and 4 p.m., or at other times by appointment. 25

QUEEN'S NURSES required for two single districts in Hertfordshire. Cyclists, C.M.B. Inclusive salaries from £90.—Apply to the Nursing Superintendent, Queen Victoria's Jubilee Institute for Nurses, 58, Victoria Street, London, S.W. 27

DISTRICT NURSE WANTED for town of Whitstable. Full hospital training. Salary inclusive £75. Apply, stating age, when at liberty, and enclosing photo and testimonials, to Mrs. Cooper, Hon. Sec., 115, High Street, Whitstable, Kent. 6862

WANTED, DISTRICT NURSE. Salary £65. Apply, with testimonials, to Mrs. Young, Kingley, Stoneclough, Manchester. 6863

DISTRICT NURSE. Well educated. Fully trained. "Queen's," or to qualify for Queen's Roll. Apply, with all information, Superintendent, Nurses' Home, Gateshead. 6864

WANTED, PARISH NURSE, certificated, midwife, for Godstone, Country, Churchwoman. Cyclist. Good references. Write particulars and salary required to Mrs. Gerard Hoare, The Rectory, Godstone, Surrey. 6865

## PRIVATE NURSES.

BOURNEMOUTH.—Wanted NURSES for privats work: co-operative system or salary with percentage; three years' certificate essential.—Apply, Miss Forrest, 4, Cambridge Road. 5

## GREAT YARMOUTH NURSING HOME.

Wanted (immediately and later), fully-trained NURSES. Private work. One with mental experience in addition. Photo, fullest particulars. 6852

At once and later. Wanted, fully certificated NURSES (gentlewomen). Straight from hospital preferred. For private nursing. Also PROBATIONER for Home.—Address Matron, Private Nursing Institution, Penns Lane, Erdington, Birmingham. 6853

FULLY - CERTIFICATED NURSES wanted for home and private work. Salary £35, second year £40.—Apply 13, Wellington Square, Ayr, N.B. 6854

**FULLY-TRAINED NURSES** required. Private work. First year £36, second year £40 and uniform.—Particulars to Sister, 9, Hoe Park Terrace, Plymouth. 6855

**WANTED** (at once), fully-trained certificated **NURSES**. Age not to exceed 30.—Apply, for full particulars, The Eastbourne Nursing Institution, 27, Hyde Gardens, Eastbourne. Must be gentlewomen. 6856

### FREE MIDWIFERY.

**QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.**

**QUEEN'S NURSES** requiring free midwifery training are requested to communicate with the General Superintendent, 58, Victoria Street, London, S.W. 26

### SCHOOL NURSE.

**GLAMORGAN COUNTY COUNCIL.**  
**MEDICAL INSPECTION OF CHILDREN IN PUBLIC ELEMENTARY SCHOOLS.**

The Glamorgan Education Committee invite applications for the appointment of **SCHOOL NURSE**, who will be required to follow the Medical Inspector of Schools in the district and to perform the following duties:—

(1) To visit Schools and assist the Medical Inspector as may be required by the School Medical Officer.

(2) To visit the homes of the children found upon examination to need attention, as directed by the School Medical Officer, and to act generally under his supervision and direction.

(3) To give a short course of instruction at the Schools to the girls in the higher standards on the feeding and care of infants, &c.

Candidates must be Hospital trained and hold a certificate in general nursing. Ability to ride a bicycle is essential, and a knowledge of Welsh desirable.

Uniform must be worn, for which an allowance is made of £5 per annum.

The salary appointed is £80, with annual increments of £5 to a maximum of £100 per annum, with rad fares and a personal allowance of £20 per annum in addition, and the appointment will be subject to one month's notice on either side. No pension is attached to the appointment.

The candidate appointed will be required to take up duties on May 1st, 1912, and to reside where directed in the County. Her whole time must be devoted to the service of the County.

Applications, stating age, experience, and qualifications, and accompanied by copies of not more than three recent testimonials, should be sent to the School Medical Officer, Dr. David J. Morgan, 10, The Parade, Cardiff, and should be received by him not later than April 12th next.

W. E. R. ALLEN.

Deputy Clerk to the County Council.

Glamorgan County Offices,  
Westgate Street, Cardiff,  
March 26th, 1912.

6857

### COUNTY BOROUGH OF WEST HAM. APPOINTMENT OF A SCHOOL NURSE.

The Education Committee invite applications for the appointment of a **Trained NURSE** to assist in the inspection of School Children.

The Nurse appointed will be required to devote the whole of her time to the service of the Education Authority, and to act under the instruction of the Medical Officer of Health. She will also be required to visit the houses of the children where necessary.

The Salary will be at the rate of £70 per annum, rising by annual increments of £5 to a maximum of £80, together with uniform.

Applications must be made on the prescribed form, which can be obtained from my office, and should be sent to me not later than Wednesday, the 17th April, 1912.

FRED. E. HILLEARY,

Town Clerk.  
Education Department  
95, The Grove,  
Stratford, E.  
April 1st, 1912.

24

### INFANT PROTECTION VISITOR.

### CHESTERFIELD UNION.

#### FEMALE ASSISTANT RELIEVING OFFICER, ETC.

The Guardians of the Chesterfield Union invite applications from single women between the ages of 25 and 35 years for the offices of **ASSISTANT RELIEVING OFFICER, INFANT PROTECTION VISITOR**, under the Children Act, 1908, and **VISITOR** under the Boarding Out Order, 1911.

Salary £75 per annum, with an annual allowance of £5 for Uniform.

Travelling expenses will be paid by the Guardians. Candidates must hold a certificate in midwifery. The certificate of the Sanitary Institute, although not essential, will be looked upon as an advantage.

The appointment will be subject to the approval of the Local Government Board and to the provisions of the Poor Law Officers' Superannuation Act, 1896.

Applications, in the writing of the candidates, stating age, previous and present occupations, together with copies of three recent testimonials, must reach the undersigned not later than the first post on **FRIDAY, April 12th, 1912.**

Testimonials submitted with applications will not be returned.

Selected candidates will have notice to attend and third-class railway fares and other reasonable expenses will be allowed.

Personally canvassing the Guardians will disqualify candidates.

R. F. HARTWRIGHT,

Clerk to the Guardians.

Union Offices, Chesterfield,  
March 28th, 1912.

6866

### MENTAL NURSES.

**WANTED** for Private Asylum, a Female **NURSE**, to take charge of the Male Department. Preference given to one who has had experience and on the male side of an asylum or mental hospital. Age not to exceed 30 to 35 years. Must be single. Salary £40 per annum, with board, lodging, and uniform. Apply to Medical Superintendent, Kingsdown House, Box, Wilts.

6867

**WANTED** (immediately) for Private Asylum, **CHARGE NURSE**, £24. **PROBATIONER**, £16, uniform. Temporary **NIGHT NURSE**, £20. Apply Medical Superintendent, Overdale, Whitefield, Manchester. 6868

### MISSION WORK.

**MISSION WORK FOR WOMEN.** Free training offered by the Church Army to earnest Christian Women willing to devote themselves to work among the poor as Mission Sisters in the slums, Matrons, or Rescue Workers. Salary after training. Age 25 to 30 preferred. Write to Miss Carlile, Hon. Sec., 61, Bryanston Street, W. 6869

### POSTS WANTED.

### NURSES.

**DISENGAGED BABIES' HOSPITAL NURSE** (German) wants situation, either in hospital or family. Excellent references, some English.—E. G., 8, Endsleigh Gardens, N.W. 28

**A NURSE** wishes temporary or permanent private work. Night case preferred. Good lifter. Massage. Free now.—Olive Mount, Bramleigh Hill, Kirkstall. 6870

**NURSE** disengaged. Mental medical, surgical, epileptic, or otherwise. Tactful, conscientious. Highest testimonials. Salary £50.—9, Park Walk, Chelsea. 6871

**NURSE**, trained. Medical, chronic, mental, maternity, night duty. Invalid child, lady, or gentleman. Highest testimonials.—Nurse, B., 73, Forest Road, Lower Edmonton, N. 6872

### NURSE ATTENDANTS.

**AS NURSE-ATTENDANT** to elderly lady. Experienced. Middle-aged. Not trained. Four years' character. Wages £26-£28.—H. T., 62, Orpingley Road, Holloway, N. 6873

**AS NURSE-ATTENDANT** (useful). Experienced. Untrained. Reliable. Church of England. Abstainer. Good references.—Miss Weston, 26, New Park Road, Bournemouth. 6874

**NURSE-ATTENDANT.** Lady or gentleman. Day or night duty. Take entire charge. Long experience. Kind, patient. Good references. Abstainer. Not hospital trained. Permanent. Town or country.—B., 43, High Street, South Norwood, S.E. 6875

## MIDWIFERY.

BRITISH  
LYING-IN HOSPITAL,  
Endell Street, W.C.

Course for C.M.B., 4 months, 28 guineas. Monthly Nursing Certificates granted. 3 months' course, 16 guineas; 2 months' course, 12 guineas. Frequent Lectures by Visiting and Resident Physicians.—Apply to Matron.

EAST END MOTHERS'  
LYING-IN HOME,  
396, Commercial Road, Stepney, E.

Vacancies for Pupils to train in Midwifery and Monthly Nursing. Preparation for the Examination of the Central Midwives Board.

Special terms for trained nurses.  
Address, Lady Superintendent. 14

BRIGHTON LYING-IN  
INSTITUTION.

(Recognised by the Central Midwives Board.)

Practical MIDWIFERY in large district. Cases yearly from 900 to 1,000. Lectures. Certificates granted. Coaching for C.M.B. examination. Reduction to trained Nurses. Resident pupils. Terms on application.  
Matron, 78, West Street. 2

## EXAMINATIONS.

CENTRAL MIDWIVES  
BOARD.

Notice is hereby given that Examinations will be held as under:—

LONDON.—April 29th, 1912; June 11th, 1912; August 1st, 1912; October 22nd, 1912; December 16th, 1912.

BIRMINGHAM ..... { June 11th, 1912  
LEEDS ..... { Oct. 22nd, "  
MANCHESTER ..... {  
NEWCASTLE-ON-TYNE ..... {

The Oral Examination follows a few days later in each case.

G. W. DUNCAN, Secretary.  
Caxton House, Westminster, S.W. 4

ROYAL MATERNITY CHARITY  
OF LONDON (1757).

Patron: H.M. Queen Alexandra.  
President: H.R.H. Princess Christian.  
Vice-President: H.S.H. the Duchess of Teck.

## MIDWIFERY TRAINING SCHOOL.

(Instituted 1816.)

Resident Pupils trained for C.M.B. and Maternity Nursing. Practical Midwifery in districts. Examinations held and Certificates given.

For Prospectus, apply (with stamp) to the Lecturer, Dr. C. St. Aubyn-Farrer, 1, Harley Street, W.; or the Secretary, 31, Finsbury Square, E.C. 12

CLAPHAM MATERNITY  
HOSPITAL AND SCHOOL OF  
MIDWIFERY,

London, S.W.

(Under Medical Women.)

Women are trained in MIDWIFERY theoretically and practically for the Central Midwives Board's and Medical Examinations. Minimum course, three months; or for students previously trained, one month.

Past students (C.M.B.) eligible for salaried hospital posts affording wide experience.

Vacancies for Monthly Nurses.

Apply Secretary. 9

DUNDEE MATERNITY  
HOSPITAL.

(A Training School Recognised by Central Midwives Board.)

Lectures by University Lecturers. Certificates granted. Fee for Hospital-trained Nurses, three months' Ward and District Practice, Board, Lodging (Separate Bedrooms), and Washing, £15 15s. For Nurses with no previous hospital training the period is four months, and the fee £21. Apply Matron, Royal Infirmary, Dundee. 15

## MASSAGE.

**ALL NURSES** can augment their income by learning FACIAL MASSAGE, ELECTROLYSIS, &c. For lessons and terms write HELEN BEST, the recognised Specialist in this work (established 10 years), before trusting yourself to incompetent teachers and imitators of her methods. Standard work, "The Cult of Health," gratis on request.—65, Edgware Road, Marble Arch, London, W. 7

## SWEDISH TRAINING SCHOOL.

16, YORK PLACE, BAKER STREET, W.

Principal, Mrs. Wilson, Trained Sweden Instructress, St. Bartholomew's Hospital.

Efficient preparation for Incorporated Society's Massage and Remedial Exercise Exam. Practical work at Hospital. 10

## GENERAL HOSPITAL, BIRMINGHAM.

## SCHOOL OF MASSAGE.

Pupils (not under 21 years of age) are received for instruction in Massage, Swedish Remedial Exercises, and Electrical Treatment by a fully-qualified Teacher.

A few Resident Pupils can be received. Applications to be addressed to the Matron, from whom full information may be obtained. 11

BIRMINGHAM SWEDISH MASSAGE  
SCHOOL.

FULL training in all branches. Certificate given when proficient. Preparation Incorporated Society's Examination.—Mrs. Jenkyn-Brown, 45, Newhall Street, Birmingham. 17

LONDON SCHOOL OF MASSAGE AND  
MECHANOTHERAPEUTICS.

Three months' course. Examinations held. Certificates granted. Reduced fees for Nurses. Special facilities. Examinations are held monthly for Pupils trained elsewhere.

Apply Secretary, 211, Great Portland Street, W. 16

## RESIDENTIAL HOMES.

## THE NURSES' LODGE,

COLOSSEUM TERRACE,

REGENT'S PARK, N.W.

Home and Club for Nurses.

Two minutes' walk from Portland Road Station.

Rooms and Cubicles.

Telephone (night and day), No. 3519 Mayfair. Telegrams, "Hulmenia, London."

Miss Hulme, Superintendent. 1

School of Embroidery of the Sisters  
of St. Mary's Home,  
QUEEN SQUARE, BRIGHTON

Price Lists to be Obtained of the  
Sister-in Charge.

## ROOM TO LET.

Large comfortably furnished first floor bed-sitting room. Two beds, Gas ring.

10s. A WEEK, with attention.

Board extra. For Two Persons, 6/- each.—NURSE,  
55, Rita Road, S. Lambeth.

## NEW First-Class RESIDENTIAL HOME for NURSES

44, Norfolk Square, W.

REFINEMENT. SOCIABILITY. COMFORT.

Close to Paddington (G.W.R.), Princes St. (Met.) and an Bus. Five minutes from Lancaster Gate and Edgware Rd. Tubes.

Shared (Screens) and Single Rooms.

Liberal Table.

Permanency or Visits.

Inclusive terms from 17/6 to 25/- per week or

By the day 4/6 per day

NURSES "AT HOME" EVERY SUNDAY AFTERNOON.

For further particulars apply, enclosing stamp, to  
Tel. 1277 Mayfair. THE SECRETARY.

## NURSES' HOME FOR SALE.

OLD-ESTABLISHED TRAINED NURSES' HOME IN LAKE DISTRICT TO BE SOLD. GOOD CONNECTION. Ill-health cause of giving up. Ingoing about £700.

Apply PLANT, ABBOTT & PLANTS, Solicitors,  
13, WINCKLEY STREET, PRESTON.



was inaugurated three years ago, has done splendid work this year, 1,184 articles having been sent in. These include 25 pairs of blankets and a large number of quilts. The sum of £75 was collected in subscriptions. The work of such Leagues is a substantial help to matrons and committees of hospitals.

An advertisement appears in our Supplement this week offering a large room in the house of a nurse in Rita Road, South Lambeth. We know the lady well who makes the offer, and feel sure anyone desiring residence in that neighbourhood would find thoroughly pleasant surroundings.

The lay nursing journal which is urging trained nurses to exhibit their inventions at the forthcoming Exhibition at the Horticultural Hall, appears to resent our little paragraph headed "Be Careful," which appeared on March 23rd, advising nurses that if they showed their inventions without first taking out a provisional patent such inventions could not be afterwards protected, and might be stolen from them; and it makes an attack on methods (of which it knows nothing) of the previous organization of nursing exhibitions in connection with inventions. Anyway, we again warn the nursing profession to be careful, not only in protecting their inventions before exhibition, but in all their business dealings with pseudo-nursing journals exploiting their professional work for profit.

The amount of criticism and superfluous advice levelled at women prominent in the nursing world at home and abroad by the lay editors of the pseudo-nursing press has ceased to amuse the class exploited, and is usually ignored. Last week Sir Henry Burdett clumsily attacked our dear Miss Dock, who is not here to protect herself. Miss Dock, a most astute little lady, never speaks or writes without reliable information, and her advice to nurses in England to "dare to revolt" when intimidated by matrons or committees concerning their professional registration, is thoroughly justified. She writes in the *American Journal of Nursing* "that petty despots are always cowards, . . . and that a nurse will find that submitting to tyranny will only make her lot worse." Sir Henry Burdett's organ demands "that if Miss Dock has personal knowledge of a single case of intimidation on the part of a matron or a committee in an English hospital she ought to have the courage to furnish full particulars." We could do it for

her from a pile of written communications, to say nothing of the record inciting to tyranny in the nursing world, to be found in the journal he controls, throughout its whole contemptible career.

Lord and Lady Leconfield entertained the West Sussex Benefit Nursing Association at Petworth House for the Annual Meeting, and presented the nurses with certificates. Miss Bennett, Matron of the Metropolitan Hospital, spoke on the cottage nurse. Conditions in the country, she said, differed from those in the towns. Here a want was met by the cottage nurse which was not met by the district nurse or by a nurse highly trained in a hospital. "You want a woman in absolutely strong health, able to rough it; who does not mind eating the food of the cottagers; who knows a little bit about domestic work and what cottage life is. I happen to know a lady who trains some of these nurses. We tell them how wrong it is to criticise what the doctor does; that they must not prescribe—the great fault of Mrs. Gamp. They are trained to know that they do not know much. When a nurse has once learned that, she has learned what many years of nursing teach her." Miss Bennett went on to speak of the cottage nurse as nurse, as helper, and as teacher. She spoke highly of the nurse as helper, making it possible for the overworked mother to rest without fretting, knowing that the household was in capable care; and of the sensitiveness of the poor, which made it possible for the nurse to assist in cases where the help of neighbours, however well-intentioned, was unwelcome. And of the nurse as teacher—"The ignorance of our people about the simple laws of health is far worse in the country than in the town. Women know very little about their children." The nurse taught the value of cleanliness, fresh air, and hygiene. "When a cottage nurse has been resident in a house, that house is never so dirty as it has been before."

No doubt cottage nurses may have their uses in a domestic sense, but surely it is not just that the poor should be supplied with women as "nurses" who are "trained to know they do not know much." In our opinion, if the people in rural districts are even more ignorant than those in towns, the cottage nurse with little knowledge has no right to attempt to teach. May the day soon come when the rural poor will be considered worthy of trained and skilled nursing in sickness—the present system is wrong in principle, and dangerous in application.

*Unterm Lazaruskreuz* contains the annual report of the German Nurses' Association. It is certainly satisfactory: the financial position is sound, and the membership has increased, and is now over 3,000—actually 3,116. The B.O.K.D. (as it is called for short) held its first congress at Dresden in October during the Hygienic Exhibition, which was highly successful. The report is a statistical model—as to the health conditions, the causes of death, and the amount of illness of the various members; whilst the most minute account is given of the office work, the various members who have been employed, the number of letters, postcards, &c., sent and received—i.e., 17,121 letters, 4,062 postcards, 582 pamphlets and printed matter, 110 telegrams, and 78 parcels were received, whilst 15,240 letters, 1,267 postcards, 9,523 printed forms, 30 telegrams, and 121 parcels were sent, exclusive of the paper, which now has a circulation of 4,000, and shows a profit of about £100 during the year. Our German sisters are certainly thorough and industrious. The report contains short, clear, and graphic reports of the various meetings held on behalf of the movement; of sympathizers who have died, notably Colonel Galli, Charlottenburg, who has been a staunch friend; details regarding members, of interest to the Association, with a most minute and really interesting financial statement. Altogether a perfect model of what such a report should be.

### WOMEN'S VOLUNTARY AID.

The inspection of the Nursing Division of the Blackpool St. John Ambulance Association, which is now known as the Women's Voluntary Aid Detachment Association, took place recently, the inspector being Sir James Barr, of Liverpool, president of the British Medical Association. There were 34 members on parade, including Mrs. Orme, the commandant, formerly the superintendent of the Nursing Division, Dr. Molloy, and Dr. Crane.

At the close of the inspection Sir James congratulated Mrs. Orme and the doctors on the smart appearance of the ladies and on the great efficiency shown by them in their application of triangular and roller bandaging. The treatment of a fractured thigh and the removal of the patient to bed particularly pleased him.

The Blackpool Women's Voluntary Aid Company, observed Sir James, compared very favourably with any company he had previously inspected. The company would now be registered at the War Office, and certificates and badges forwarded to the members.

## THE HOSPITAL WORLD.

### THE MIDDLESEX HOSPITAL.

It is difficult to imagine any surroundings more calculated to mitigate the sufferings and alleviate the remaining days of the victims of the terrible scourge of cancer than the treatment and surroundings of the patients in the cancer wing of the Middlesex Hospital, of which the new buildings were opened by the Queen last week. For the patients in these wards are not received for a few short weeks and then sent home again. If necessary they remain until "Death the Consoler" has healed them for ever and ever.

For a number of years the Middlesex Hospital has had a cancer wing, and the addition opened by the Queen is known as the Barnato-Joel Charity. It will be remembered that the late Mr. Harry Barnato left the sum of £250,000 to be applied by his trustees to the foundation of a hospital, or kindred institution, in memory of his brother, Mr. Barney Barnato, and his nephew, Mr. Woolf Joel. Through the good offices of the late Prince Francis of Teck this sum was devoted to further the cancer research work at the Middlesex Hospital, and the new wing, opened by the Queen with a golden key, contains 43 beds for patients, a Home for 59 nurses and 23 servants, an out-patient department, an electrical department, where massage is also given and taught, and an operating theatre of the most sumptuous description, designed on the very latest principles, and fitted and furnished with the most modern appliances.

Her Majesty was received at the entrance of the hospital by the president, the Duke of Northumberland, Princess Alexander of Teck, the Secretary Superintendent, Mr. F. Clare Melhado, the Matron, Miss Lloyd Still, and the Resident Medical Officer, Dr. Shephard, and at the entrance of the buildings of the Barnato-Joel Charity by Prince Alexander of Teck, Chairman of the Trustees, and his co-trustees. The Queen gave very great pleasure by speaking to the majority of the patients.

The wards are probably the most beautiful in London. Tiled throughout with white tiles, with lines of green, flooded with light, spacious, and airy, they are ideal places in which to be ill, and the atmosphere is one not of despondency, but of hope and peace. Until science shows the way by which the scourge of cancer may be banished from our midst they must prove a very haven of rest and comfort to the sufferers from this dire disease. One ward is dedicated to Queen Mary, the other to



the late Prince Francis of Teck, and portraits of the Queen and her brother are hung in the wards. In the basement it is interesting to note that there is a room devoted to the scrubbers, where each has a locker, where she can keep her special implements of work, the Matron, Miss Lloyd Still, being of opinion that too little consideration is often given to the needs of scrubbers in this respect. The staff nurses' sitting-room is a cheerful room, quiet and restful, and supplied with numerous easy-chairs in loose covers of charming design. A room which is the joy of the Matron is the classroom for the pupil nurses, fitted with desks, skeleton, and other necessities of a well-appointed nursing school; and the nurses, alert, intelligent, and professional, appear likely to profit by the instruction they receive.

In the hall of the new wing, from which the out-patient department is approached, members of the nursing staff were drawn up in line on the occasion of the Queen's visit.

The nurses' bedrooms are single rooms, comfortably furnished. We wonder if the present-day nurses duly appreciate the privilege of sanctums to themselves, or whether they take it as a matter of course.

In addition to the general kitchen a special kitchen is provided, in which the food of Hebrew patients can be cooked in conformity with the rules of their religion. So far, little demand has been made upon this kitchen, but it will be a comfort to those who are strict observers of the Jewish ritual that their wishes in this respect can have every consideration.

We must not omit to mention that on the ground floor there is, as is fitting, a handsome bust of Mr. H. I. Barnato, by whose munificence the new wing has been added to the hospital. It was executed by Countess Gleichen.

A very interesting discovery made within the last few weeks in the research department is that malignant tumours contain small quantities of radium, shown by emanations from the diseased tissue. The Queen was greatly interested in the evidence of this, and also in the effect of radium in destroying mouse cancer.

Middlesex Hospital is fortunate in possessing a chapel, which is a little gem of its kind, but it is becoming too small for the daily needs of morning and evening prayers, as it only holds 80 people. The marbles and mosaics are both rare and beautiful, and all the jewels mentioned in the Bible are included in the scheme of decoration. One of the latest additions is a memorial to Prince Francis of Teck, within the sanctuary, carried out in alabaster and mosaic work, presented by Mr. Bland Sutton, which the Queen made a point of seeing. M. B.

## REFLECTIONS.

### FROM A BOARD ROOM MIRROR.

The Infants' Hospital, Vincent Square, London, had 386 in-patients during last year, and 338 were discharged—249 as good recoveries, 9 as fair, 1 unimproved—and 79 died. There were 2,338 out-patients. The income was sufficient to meet expenditure, 60 new annual subscriptions being received. At the same time, the committee urge on all who are interested the fact that the hospital is practically entirely dependent upon a steady subscription list. More friends are, therefore, much desired.

Mr. F. A. Bevan (treasurer) presided at the annual meeting of St. Peter's Hospital, Henrietta Street, Covent Garden. The report showed that during 1911, 448 patients were admitted, the average period in the hospital having been 24 days. Of these 424 were cured or relieved. The number of out-patients was 3,686, and their attendances 41,484. The total expenditure—£4,955 7s. 8d.—exceeded the income by £228 8s. 7d. The chairman (who has been treasurer of this institution for 46 years), in acknowledging a vote of thanks for presiding, expressed agreement with the hon. surgeons (Drs. F. S. Edwards and F. J. Freyer), as to the advisability of securing a larger building, if possible, capable of containing 100 beds, and hoped the matter, which was serious, would be taken into the consideration of the Committee.

At the annual meeting of the Chelsea Hospital for Women, in the Council's report the important announcement was made that it was now possible to deal with a necessity that had yearly been growing more urgent, viz., the re-building of the hospital. Inadequate and unsuitable accommodation in wards, out-patient department and nurses' home alike, and the impossibility of finding better within the hospital precincts had compelled the Council to face this question. Earl Cadogan, whose interest in the work of the hospital had been shown in many ways, had now befriended it in a most generous manner, by presenting it with a site of over 1½ acres in Chelsea. Here it was to be rebuilt, free from the disturbance of noise, and with half as many beds again, so that there would be no long waiting list as now of those badly needing admission. At the same time the trustees of the Zunz Bequest had promised a most liberal grant of £10,000 to make up the balance of the sum that would be required for construction, and further assistance in maintenance. A rough estimate of the cost had been received, amounting to £43,000; the scheme had been passed, after careful examination, by the King Edward's Hospital Fund, and the Council appealed to the generosity of the public for support in re-establishing the hospital, so that it might deal satisfactorily with its future work. The Princess Henry of Battenberg had lately become one of the Vice-Patrons of the Hospital.



## OUR FOREIGN LETTER.

SCUOLA CONVITTO REGINA ELENA,  
ROME.

The special feature of the last two months has been the amount of applications from would-be probationers. Seldom a day has passed without one or two requests for the regulations—either by post from all parts of the Kingdom, or in person from the "aspirante" herself, or some friend or relation who came at her request. The large majority—and this is especially encouraging—have been from girls of the educated classes—even daughters of doctors and other professionals, or of "possidenti" (some sort of proprietors), are now either allowed or encouraged by their relatives to apply.

As the difficulty of persuading the right class of women (or rather of their persuading their parents) that nursing was a possible career to embark on has always been one, if not the greatest, stumbling block to our schemes in the past, the fact of its having been so far overcome in just two years augurs well for the future. We have not been writing, we have not advertised (only one briefest notice, by the way, was put in the *Domenica della Corriere* in December, without our knowledge), but the school is now getting known, and its having survived and increased, has given confidence in its future.

The next event is taking over a "baracca," as temporary means of obtaining ten extra bedrooms. These baracche are meant for the overflow of patients, and six stand on an avenue just outside the Convitto. This will help a little to relieve congestion in the Home, giving a salottiero to the staff nurses, who so far have shared one with the Sisters, and making it possible for Matron to take over new work without waiting till the authorities decide on building a Nurses' Home more in some proportion to the size of the rest of the Hospital. In the summer we gained a laundry, class room, and two bedrooms, built in one of our little gardens; and so gradually we strike out roots and prove the wisdom of *having started* even on the smallest scale, but on *right lines*, and trusting to develop as our forces grew.

As the two years for which the first nurses signed are drawing to their close, several are leaving us. Miss Bryant left first, to help at Bordeaux in a new private Clinique. Miss Conway went a month later to a Hospital in Madrid where she has a post as Sister.

Sister Reece and Sister Brunt, who were the first Night Sisters, and have since held the women's surgical and men's medical wards, are leaving the 1st April, and fear that for family reasons they may not be able to return. I have persuaded Sister Brunt to let me copy a testimonial (!) she was presented with by her three "portantini" (ward-men) so soon as the news of her intended resignation reached them (news travels miraculously

fast in this land of "words, words"). It is a most typical document; and viewing the fact that we are foreigners who are effecting a *beneficent*, but still an *invasion of their hospitals*, its testimony has real value (morally—though not officially!).

A more or less literal translation is as follows:—

Sister

We, the undersigned, venture to repeat to you with these lines, the duty of how truly we respect you and how much our heart is grieved at your departure. Therefore we present you spontaneously a reverent greeting, with the pleasure of telling you that we wish you the most satisfying of futures.

Even though far from us, the good thought will well remind us of how much we owe to your treatment, so sincerely demonstrated us.

Keep us also present in mind in the moments when you are far from here.

With homage, we are

Your GABRIELE, PRIVOLI, GIGANTE.

So far the wardmaids have not exposed their feelings in typewriting! but there is still time for some expression of the regret which the patients feel at her "abandonment," and of gratitude for "her treatment so sincerely demonstrated."

Signora Bastianelli has had the delightful thought of inviting Miss Brunt and Miss Reece to stay with them on leaving here, to be perfectly free to visit the sights and do any of the things which are not possible when on duty.

Miss Snell is inviting Miss Reece and Miss Brunt's friends to a good-bye party on the 30th, and as most of them are musical it will turn into a sort of concert.

*Apropos* of concerts Rome has been fortunate this season in having a series of delightful ones, and as Princess Doria gave Miss Snell her poltrone (stall) tickets, all her staff have in turn enjoyed (or are enjoying, for they continue still) the best orchestral music on Sunday afternoon, or Thursday evenings at the Albert Hall of Rome, the old Roman Mausoleum, L'Augusteo.

It was there we first heard the Hungarian violinist Von Vecsey, who is now playing, we see, in London. He afterwards gave three concerts at the Costangi theatre, moved by the extraordinary enthusiasm he aroused here. But it is wonderful to feel certain of receiving complete æsthetic satisfaction—and most restful. To feel you can safely abandon yourself to the enjoyment of being carried by the violinist's soul's voice to the what Shorthouse termed "the silence of Heaven"—is a gift worthy of enthusiasm—and not often granted.

Any nurse—to whom music speaks—who may still have the chance of hearing F. Von Vecsey, in London or some other town, should not fail to do so.

Whilst on the subject of "diversions" mention must be made of very delightful motor drives given by Professor Bastianelli. He is a magnificent chauffeur, and frequently carries Matron and what he calls "my Sisters" to visit sea or mountain town or hamlet, or his own vineyard—where he and Signora Bastianelli are restoring and furnishing a charming little villa.

To return to Hospital, the lectures are going on with the minimum of interruptions (do English doctors *ever* fail to give one? or not send a substitute if called away for some very urgent event?) to be expected in Italy. If all goes as well as—I mean with as few interruptions—we have calculated for, the exams will take place the last days of May or 1st of June, and once over holidays can commence in earnest.

Miss Snell sent an advertisement to last week's BRITISH JOURNAL OF NURSING, so as to procure a few English nurses to help give holidays, and afterwards be ready for when she takes over new wards.

Miss Christina Shepherd (Marylebone Infirmary) has been appointed by Miss Snell to succeed Sister Brunt in men's medical and Miss Edith Watney (St. Bartholomew's) is appointed to Sister Reece's post, women's surgical, after having held for some time the "Sala di medicatura," a post which is no sinecure in Italy where dressings are not done in the wards.

In each of these wards a Florentine nun is acting as junior staff.

These two suore come from the famous St. Maria Nuova nursing order—one of if not the oldest nursing order in Europe.

Several new probationers will be admitted during the summer, with the same object—holiday giving—and preparation for fresh work, as the trained staff increase.

Mrs. Bedford Fenwick has already announced that Miss Snell and Princess Doria hope to attend the Cologne Congress. It is not easy to arrange decisively here; very unexpected events have a way of falling on one. But as Miss Snell has given me June and July for my holidays, we earnestly hope nothing will prevent her feeling free to leave us in August, and that she and Princess Doria, and (possibly, though not probably) Madame Maraini may find the Congress as delightful and exhilarating as the London (1909) one of happy memory.

The Red Cross ladies are all back "at their home duties": the Menfi having been—do you say "disbanded" or "suppressed" of a boat?—some weeks ago. It was considered an unnecessary expense having so many boats to transport comparatively few soldiers, for it seems that there was much difficulty in obtaining the wounded and sick, the hospitals in Tripoli and Cirenaica preferring to nurse them themselves.

The Duchess d'Aosta has now recovered, and Miss Baxter told me of her promise to interest herself actively in the Croce Azzurro. If only Her Royal Highness could convince Pssa. di Strongoli of the necessity of obtaining a Convitto for the nurses. Miss Baxter's hopes (of the earthquake year) might at last be realized.

A. T.

The news of Mrs. Pankhurst's release from Holloway Prison will be received with widespread relief. On the advice of the Home Office the King has ordered the rest of her sentence to be remitted.

## OUTSIDE THE GATES.

### WOMEN.

Every one who reads the charming review of Frau Popp's "Autobiography of a Working Woman," in the current issue of *M.A.B.*, by Mr. J. Ramsay Macdonald, M.P., will certainly desire to read this most human story. Mr. Macdonald writes: "One of the last acts of my wife's life was to arrange with Mr. Unwin for the publication of this book. She had come across it in the original German. She knew Frau Popp, whose hard life it unveils, and I well remember how both the story and the woman captivated her. . . . 'We must have it in English,' she said, 'and it every rich and contented woman in the land would but read it how wise she would become.'"

"That will not happen. But it is a human document, written with the simplicity which is art triumphant. The tale needs no adornment of rhetoric and no pointing of morals. It is a chapter torn from the book of life, written as Nature writes, and left to produce its own effects on the mind of whosoever will read."

Frau Popp, who was born at Inzerschhof, near Vienna, was at eight years of age earning money necessary for the family income. She is now the editor of one of the most influential women's papers published, and is a member of the Managing Committee of the German Social Committee in her native country. With all her many public and private cares and duties "she manages the little family of two which her husband left under her charge when he died in 1902 with a watchful affection which shows to those who know her privately how compatible public and domestic work are, and how she who seeks to mend the world is very often the woman who is most solicitous in guarding her own hearth."

Those women who know anything of politics fully expected an adverse vote in the House of Commons, on the second reading of the Conciliation Bill (Women's Franchise), last Thursday, so they were not disappointed when, as part of a *quid pro quo* for Home Rule, Mr. Redmond marshalled his Party against Votes for Women. How significant the whole matter becomes when one realises that four hundred years after the reigning Tudors defied the Papacy, and elected themselves Protectors of the reformed faith—British women are denied the citizenship of their own country by order of the Vatican! Indeed, the whirligig of time brings round its own revenges.

Then we have the Anti-Suffrage press abasing themselves before their hereditary enemies, the Home Rule Party—because "they have saved the country from colossal disaster," by their denial of the freedom they claim for themselves, to women. And, again, these same obtuse organs, which are entirely out of touch with modern thought, flatter themselves that by such injustice they have snuffed out Women's Suffrage! *W'ait and See.*

## BOOK OF THE WEEK.

## THE QUEST OF GLORY.\*

This story of the eighteenth century, which opens with the Siege of Prague, fully comes up to high standard of interest and charm of style that we have learnt to expect from the pen of Miss Bowen. From first to last it holds our interest. The "Quest" is that of a young officer of the French aristocracy, and if its fulfilment was widely different from that which his early dreams had pictured, indeed, so far as he was consciously concerned, it failed altogether. It was not until many years after his death that his name became famous. The remarkable point about Luc de Clapiers, Marquis de Vauvenargues, is that he sought glory for its own sake, and not from any one point of view. And it was glory that must be unsmirched with any breath of dishonour. Thus he started as a soldier, in the *regiment du Roi*, and died an obscure journalist in Paris. Glory and success were often within his reach, but not on terms which his high-souled nature could accept. The retreat from Prague was hampered by the presence of some hundred of refugees, men, women and children, among them the Countess Carola, who, afterwards, played an important part in Luc's life. The death of the young officer, M. d'Espagnac, on the march, with whom Luc had made compact in his quest, is tenderly told.

"Provence," said the Lieutenant, "they will want news of me, you know, Monsieur; I must tell them—the quest of glory. . . . Give me my sword; I am starting out on a quest. Do you hear? Jesu, have mercy on me!"

Carola rose and walked up and down with the child.

"You are Catholic?" she asked.

"No!" answered the Marquis.

"An atheist?" she questioned.

"An ugly word, mademoiselle." He gave a little sigh; but, yes—perhaps—

"I am sorry for you," said Carola, "but your friend?—we have no priest."

"His soul does not need shriving," said M. de Vauvenargues.

The words seemed to have penetrated the Lieutenant's clouded consciousness; he clamoured for a priest, for the last Sacrament, for the Eucharist.

The Marquis caught him in his arms, and held him strongly. "None of that matters," he said with power. "You are free of all that—upon the heights."

The fatigues and stress of the siege told upon Luc's delicate frame, and to his bitter disappointment he is compelled to resign his commission. He next hopes to achieve fame by becoming a politician, and in Paris he obtains an introduction to Richelieu. It is with a rude shock that he learns the Countess Carola, whom his chivalrous imagination has clothed with every virtue, is in fact the mistress of this great man, and it is for her sake that opportunity is offered him.

"Carola moved her long hands, so that they covered her face.

"Who are you?" asked Luc, dreamily; "what are you?"

She looked at him.

"I do not know; whatever men label me, I think. To you, at least, I was a beacon of pure flame; was I not?"

He thought of her with the dead child in her arms, and holding the dying head of Georges d'Espagnac; and looked at her tenderly.

"Poor soul!" he whispered.

The words seemed to sting her into fierceness.

"Am I so soiled that you pity me?" she demanded. "I pity you too—you, who are flinging everything away for glory—glory! Dear God! I wonder where you will find the woman you imagine; you are too severe for this frivolous age."

Cast aside, as she presently is, by Richelieu, he again crosses her path, and together they tend a deserted child, suffering from black smallpox. She expiates her sins by sacrificing her life, and Luc's quest is again hampered by extreme disfigurement and partial blindness.

His little fiancée's love is not noble enough to surmount the trial, and almost broken-hearted with failure and defeat, he reveals to his proud old father that he is an Atheist, and intends to throw in his lot with Voltaire. His father did not answer, nor turn from his haughty attitude, but his mother said, in an awful voice—

"Fare well, and may Christ have mercy on you."

He dies in Paris—poor, lonely and deserted.

"M. de Voltaire that evening found him lying across the floor, with his head on his book, and his right hand where his sword should have been."

H. H.

[This is a lovely and inspiring book, everyone should read it.—Ed.]

## COMING EVENTS.

*April 6th.*—Irish Nurses' Association, 34, St. Stephen's Green, Dublin. Meeting to consider the formation of a Nurses' Friendly Society.

*April 10th.*—The Infants' Hospital, Vincent Square, S.W. Lecture: "Boiled Milk and the Means by which its Fatal Effects on Infants are produced," by Dr. Ralph Vincent. 3.30 p.m.

*April 15th.*—Irish Nurses' Association. Lecture: "Babies," by Dr. Hastings Tweedy, 34, St. Stephen's Green, Dublin. 7.30 p.m.

*April 17th.*—Meeting Matrons' Council of Great Britain and Ireland, 431, Oxford Street, London. 4 p.m. Tea.

*April 17th.*—Meeting Trained Women Nurses' Friendly Society, 431, Oxford Street, London. 5 p.m.

*April 23rd to 26th.*—Nursing and Midwifery Conference and Exhibition, Horticultural Hall, Westminster, S.W.

\*By Marjorie Bowen. Methuen & Co., London.



## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

### STATE AND MUNICIPAL SYSTEMS FOR SAVING CHILD LIFE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—Most of your readers are aware that the infant death rate in the principal French cities and departments has been reduced more than one-third within a single decade as the result of the good work done by "Consultations des Nourissons," whereby mothers are freely assisted and instructed in the care of their own infants. One believes, however, that it will surprise many to learn that the German infantile death-rate has been reduced one-fourth in five years by like means.

In 1905 Berlin followed the example which had been given by Paris first in the year 1894, and there are now 251 German "infant care stations" open in 165 towns of the empire. Berlin has seven large municipal "infant care stations" open daily, and the annual expenditure on each averages £2,400. The staff of each school consists of a senior physician, with several assistants, the "sister-in-charge," a number of trained nurses, and attendants. In 1909, the babies brought to Berlin "stations" numbered 13,494, being nearly 30 per cent. of all born alive, and 159,510 consultations were given, with 38,266 visits to homes.

When these "stations" were first established, 60 per cent. of the babes were bottle-fed, but last year the percentage was only 35, and the mortality among the children has been reduced from 8.4 to 4 per cent. During the same period the infant death rate of the city has been reduced from 20.0 to 15.6. The working mothers of Germany are now protected from employment statutorily during a period of two weeks before and six weeks after child-birth, and the sick insurance fund must compensate compulsorily for loss of wages all who have been insured for six months, and entitles to free medical attendance, with nursing, either at home or in hospital, at choice.

In comparison with above, while an increasing amount of voluntary educational work is being rendered at many centres in the United Kingdom, there are only eight "schools for mothers" in Great Britain receiving more than £200 per annum. The highest is Glasgow (Municipal), £650; and St. Pancras (Private) is next with an income of £600. The standard of child life in our great cities has been raised decidedly by the work already done, but it is a pity that the results achieved should have been retarded by lack of adequate financial resource. It should be stated

that about half of the expenditure in the German system is used to provide weekly premiums for poor mothers, enabling them to obtain suitable food while nursing their own children.

Public health authorities, remembering the Shakespearian adage, "The boy is father of the man," would do well to pay attention also to those eminent hygienic experts who presently asseverate "The babe is guardian of the adult."

Thanking you in anticipation, and trusting I do not trespass unduly upon your valuable space,  
I am,

Your obedient Servant,

Belfast.

PROGRESS.

### PRIVATE NURSES AND NATIONAL INSURANCE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—Considerable doubt and anxiety seems to exist in the minds of many private nurses as to whether or not private nurses must insure under the National Insurance Act. On behalf of the Scottish Nurses' Branch of the Women's Friendly Society, the Commissioners have been specifically asked, "Must nurses working on own account, insure." The Commissioners have replied: "Generally speaking nurses working on own account will be liable to be compulsorily insured unless the rate of their remuneration exceeds £160 a year." It therefore seems clear that under ordinary circumstances all nurses must insure.

Yours faithfully,

P. HAMILTON ROBERTSON, M.B.

Hon. Sec., Scot., Nurses' Assoc.

5, Kelvin Drive,  
Glasgow, W.

[Certainly we agree with Dr. Hamilton Robertson that private nurses working on their own account will have to pay the 13s. a year, representing their own contribution of 3d. per week, but we advise them to add to the account of expenses which they render to their employer the 3d. due each week on his, or her behalf.—ED.]

### OUR PRIZE COMPETITIONS FOR APRIL.

*April 13th.*—Give the recipes of six simple dishes for night nurses, which could be easily made in the ward kitchen?

*April 20th.*—Describe the modern system of treating and nursing pneumonia.

*April 27th.*—Give some information on the training of infants.

## NOTICES.

### OUR ADVERTISERS.

If unable to procure THE BRITISH JOURNAL OF NURSING through a newsagent, the manager desires to be informed of the fact. Copies can always be procured through Messrs. W. H. Smith & Son, and at the offices, 431, Oxford Street, London, W.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper.

# The Midwife.

## CENTRAL MIDWIVES' BOARD.

### A NEW MEMBER.

The Lord President of the Council, in pursuance of the power conferred upon him by the Midwives Act, 1902, has been pleased to appoint Professor Henry Briggs, M.B., C.M.Ed., F.R.C.S., Professor of Midwifery and Gynæcology in the University of Liverpool, to be a member of the Central Midwives' Board, for a period of three years from April 1, upon the expiration of the term of service of Sir William Sinclair, M.D.

### PENAL BOARDS.

Special meetings of the Central Midwives' Board were held at the Board Room, Caxton House, Westminster, on Wednesday, March 27th and Thursday, March 28th, for the purpose of hearing charges alleged against 28 certified midwives, with the following results:—

#### STRUCK OFF THE ROLL AND CERTIFICATES CANCELLED.

Ada Clews (No. 20132), Frances Cooper (No. 19715), Mary Elizabeth Cornwall (No. 12500), Sarah Coulson (No. 5928), Helen Dickinson (No. 17468), Rachel Hancock (No. 16167), Eliza Harrison (No. 11269), Emily Langley (No. 1480), Mary Rolles (No. 5436), Mary Ann Shields (No. 8043), Alice Turner (No. 19439), Alice Vaughan (No. 1333), Mary Ann Howell (No. 2517), Sarah Jackson (No. 4374), Sarah Kilbourne (No. 3285), Hannah Perry (No. 14541), Jane Rigby (No. 11992), Eliza Smith (No. 21032).

#### SEVERELY CENSURED.

Elizabeth Calcroft (No. 2845), Hannah Tilstone (No. 2021.)

#### CENSURED.

Catherine Hodgkiss (No. 4399).

#### CAUTIONED.

Anne Pogoste (No. 27541).

#### JUDGMENT SUSPENDED.

Mary Ann Allen (No. 14224), Annie Emmanuel (No. 4582), Elizabeth Clasper (No. 18586), Harriet Maria Davis (No. 3006).

#### ADJOURNED TILL NEXT SESSION.

Mary Jane Barnes (No. 18574).

#### EXONERATED.

Sarah Lakin (No. 1580).

#### AN UNFAIR FIGHT.

In the majority of cases the charges were much the same, namely, offences against the rules in

respect of neglecting to take pulses and temperatures, uncleanliness, neglecting to send for medical help, and to notify the Local Supervision Authority when help has been sent for, drunkenness, theft, &c. It was noticeable, as is frequently the case, that when the midwife appeared and defended herself, or was defended, that points were elicited which would not have appeared in the statutory declarations sent in or in the midwife's written defence. Indeed, the written defence of an uneducated midwife not infrequently incriminates her when otherwise there is no evidence against her, and more than once Mr. Bertram, the Board's solicitor, stating the case for the prosecution, had to admit that he had no proof of charges on the indictment, and unless they could be proved by the midwife's reply to them they must be struck out. The ordinary criminal is warned against making any statements which may be used against him, but in the semi-judicial proceedings of the Central Midwives' Board this rule does not hold good. We consider that unless the prosecution can prove the charges in the indictment which it frames they should be struck out, without waiting to see if the midwife makes statements prejudicial to her own interests in her defence.

Indeed, watching the proceedings, the fight seems to us a most unfair one. On the one side is the solicitor to the Board not primarily intent on justice to the midwife, but, human nature being what it is, on proving his case. On the other side the incriminated midwife, possessed of no legal knowledge enabling her to avoid the pitfalls surrounding her, and often so illiterate that she has to depend upon a relative to write her defence, which is frequently no defence at all.

We do not under-rate the fact that the chairman holds the scales of justice with even hand, and that the Board are wishful to do justice as far as in them lies. Our point is that if the prosecution has the advantage of legal aid the defence should have the same, and if the Board, being a judicial body, pays a solicitor to present the case for the prosecution it should, if justice is to be done, pay a solicitor to present the defence, and no doubt when midwives have seats on their own governing body they will insist on this procedure. The greatest criminal has the right to have his case stated to the best advantage, and the certified midwives on the Roll will certainly desire that the revenue derived by the Board from the payment of their fees should be used for the defence as well as the prosecution of accused midwives whose means of gaining a livelihood depends upon the decision of the Board, and who must be assumed to be innocent until they are proved guilty.

The Board, of course, might adopt the procedure of leaving the Local Supervising Authorities to conduct the prosecution, but, so long as it finances the prosecution, it should also, if it is to maintain a position of judicial impartiality, finance the defence also, and then leave the lawyers to fight out the case before it.

In the case of Elizabeth Calcroft, who appeared last week before the Board, her inability to defend herself was very apparent. She was charged with negligence and misconduct in respect of bleeding from the navel in the case of an infant which subsequently died. Her defence was that though the child had lost "a nice drop" of blood, it was not in a condition to necessitate sending for a doctor, that she washed it, put on a clean binder, and no more hæmorrhage occurred, and that the child was found dead in bed with its mother. Until questioned by the chairman she never thought of mentioning that she had applied a fresh ligature to the cord, which she assumed the Board would take for granted, and seemed surprised at being asked if she had done a thing so obviously necessary. If she had not appeared before the Board this strong point in her favour would never have been known.

#### INEXCUSABLE NEGLIGENCE.

One of the most inexcusable cases was that in which a midwife was informed by the doctor called in to a patient that the case was one of puerperal fever, and, according to his statutory declaration, she clearly understood this, and promised not to attend another case. Nevertheless, later on the same day she delivered another woman without having disinfected herself, and when the patient was subsequently suffering from rigor, abdominal pain and sickness, she neglected to explain that the case was one in which the attendance of a registered medical practitioner was required. Both patients died. Such conduct merits, as it received, the extreme punishment which the Board can inflict. But in the case of another midwife who appeared before the Board, and was defended by her solicitor, Mr. Morse-Hewitt, also accused of attending a case as a midwife after having been informed by the medical man in attendance that the case was one of puerperal fever, the Board did not consider the charge proved, as no definite diagnosis was made until after she had delivered the case referred to. In reference to visiting the patient on the day when the doctor definitely warned her to attend no other case, the midwife informed the Board that she did so because the doctor, in writing to her told her to keep a very sharp look-out on the cases she had already delivered.

One midwife, cross-examined by Mr. Parker Young as to her ability to take pulse and temperature, was asked by him in reference to the normal temperature: "What should you say my pulse is now?" She replied: "I should think it is about normal, sir." She admitted she had not a watch, but thought she could take a pulse by a clock hanging in the Board Room which had no

minute hand. How midwives are to provide themselves with watches having minute hands on the faces which they are usually paid, which a charwoman would scorn to accept, is a problem not easy to determine. Probably the best solution would be for the Board to require them to carry a pulse glass.

Sarah Jackson wrote in connection with her defence that she could not come to London to appear before the Board as her son had gone on strike. She was "not being tried for murder." If the Lady Inspector could get her removed from the Roll she would. She could not understand "why a single young person should be our Inspector. I understand, having had children. She only knows what she reads in books about it."

The only midwife holding the certificate of the Central Midwives' Board against whom charges were alleged, appeared in person and was ably defended by her solicitor. She was Mrs. Pogoste, a Russian, who qualified first in Russia, and being driven out of Russia by the persecutions, came to this country and trained again at the Liverpool Maternity Hospital, passed the examination of the Central Midwives' Board, and worked in connection with it for two years. Being deserted by her husband she maintained herself and her four children, the youngest of whom was eighteen months old, by doing midwifery, teaching Hebrew, and doing odd things.

Dr. Cunningham, the Inspector for Manchester, who was present, stated that when she inspected Mrs. Pogoste's midwifery bag it was not clean, nor were her house or hands. Mrs. Pogoste's reply was that the lining of her bag, which she always boiled, was stained. She brought up the bag, of which the lining had been boiled on the previous day for the Board's inspection, to prove that the stains were indelible. In regard to her hands on the occasion of the inspector's visit, she said she was cleaning her house. The house was untidy because four of her own children and three of a friend's were playing about. The friend was packing up to go to America, and there was some straw littered about.

Dr. Cunningham also stated that the antiseptics carried by the midwife were not sufficient, viz., boracic, iodoform, and tabloids of perchloride of mercury. The latter was considered dangerous at a strength of 1 in 5,000 by the Local Supervising Authority and midwives, in their printed regulations were advised to carry one less dangerous. Asked by Mr. Parker Young whether she had had any experience of danger from a solution of 1 in 5,000 perchloride of mercury she replied in the negative.

Mrs. Pogoste was dismissed with a caution, the Chairman telling her to work with the Local Supervising Authority from whom a report would be asked in three months' time.

#### THE NEXT EXAMINATION.

The next examination of the Central Midwives' Board will be held in London on April 29th. The Oral Examination follows a few days after.



### THE EFFECT OF THE NATIONAL INSURANCE ACT.

It is interesting to note the effect which the National Insurance Act may have on the work of midwives. At a recent meeting of the Cookstown Guardians, co. Tyrone, Mr. Donnelly moved a resolution, proposing the appointment of a midwife for the Pomeroy dispensary district. A motion to adjourn the matter for a year was carried, on the ground that the Insurance Act maternity grant would meet the exigencies of the case.

### EDUCATION BY POSTER.

A short time ago we drew attention to the first of a series of posters to be issued by the National League for Physical Education and Improvement, 4, Tavistock Square, London, W. The second, price 2s., which has just been issued, is equally striking. It is designed by the Nurses' Social Union, printed in colours, and conveys a warning against leaving fire-places without a guard. A small child is shown trying to get a drink from the kettle boiling on the fire, an occurrence which nurses and midwives are well aware is a frequent cause of accidents when children are left alone, both from the injury to the throat from the boiling water, causing swelling, and consequent suffocation, necessitating tracheotomy, and the further catastrophe of the clothing of the child igniting. The poster in question shows the flannelette clothing of the child catching fire through the open bars. Everyone knows the value of pictures as a means of conveying instruction and information, as our daily papers bear witness. In schools, hospitals, dispensaries, and as illustrative of addresses at mothers' meetings, and by health lecturers, these posters should be invaluable.

### THE BIRMINGHAM WOMEN'S HOSPITAL.

#### THE MATERNITY DEPARTMENT.

It will be remembered that a short time ago it was arranged to amalgamate the Hospital for Women and the Maternity Hospital Birmingham, and the first joint meeting of the subscribers was held last week. Mr. J. S. Nettlefold explained that separate accounts would be kept for each institution but they would be under a general committee composed of twelve ladies and twelve gentlemen. The detailed management of the Maternity Hospital would be in the hands of a committee of ladies who would carry on the work as heretofore.

Mrs. Beale who moved the adoption of the report relating to the Maternity Hospital said that as one of the original members of the committee it was with the deepest regret that they turned out their nursing at the end of three years very poorly equipped. But it would have been very sad to have closed the hospital after showing what

work was done and how much it was needed in the city, and they were therefore very thankful when the Women's Hospital accepted the proposal that it should be joined to their work. The older institution would carry the younger along with the rest of its work.

The Chairman, Mr. George Hookham, said that the arrangement was one tending to economy and the city would be getting more work for the money expended.

### THE PRINCESS CHRISTIAN HAMMERSMITH DAY NURSERY.

Midwives who are really interested in their work do not cease to take an interest in the babies they have cared for during the first ten days of their lives. They know that on the first few years of life their permanent good or ill health to a great extent depends. The work done by crèches must therefore be of interest to them, and the Princess Christian Day Nursery at 135, Blythe Road, Hammersmith, which claims to be non-pauperising, non-political, and non-sectarian, is an interesting experiment in this direction. The crèche is open to visitors from 8 a.m. to 8 p.m. and the Matron, Miss May F. Carrvick, is pleased to show them over the institution.

### THE MEDICAL CERTIFICATION OF MILK.

Dr. George C. Mosher, Chairman of the Medical Milk Commission of Kansas City, in an interesting address delivered before the Child Welfare Congress and published in the *Dietetic and Hygienic Gazette*, said that one of the interesting discoveries connected with the evolution of the certified milk industry is the comparative value of milk of various breeds of cows. The Holstein cow, which for 200 years has been the source of wealth in Holland, has been found the ideal producer of milk for infant feeding. Holstein cows are large and of placid disposition; the results of veterinary examinations show them much less prone to tuberculosis and other diseases than the small, delicate and nervous animals of other breeds. In addition, there is in Holstein milk a physiological constituent which Professor Carlisle calls the vital element, which he declares makes bone and muscle in the young fed on this milk far superior to that of any other breeds. This observation is corroborated by many of the authorities on infant feeding. The comparatively small size of the fat globule makes the Holstein cream much more easily digested. The venerable head of the School of Dairying in one of the great State universities, a charter member of the National Association, a breeder of one of the most popular breeds of dairy cattle, told Dr. Mosher when he had a calf of any other breed not doing well, he put it on Holstein milk, and it usually recovered its tone and vigour without other treatment. This observation had grown out of twenty-five years' experience.

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## EDITORIAL.

### RIGHTEOUS CAUSES.

How much of the happiness of life we owe to its contrasts! Indeed to describe a life as drab—without light and shade—is to emphasise its dullness and monotony.

The brightness and peace of Eastertide is heightened by the contrast it presents to the tragedy and gloom of Good Friday, as the clear shining after rain stands out in vivid contrast to the storm which preceded it, and the measure of joy on the attainment of a goal is estimated by the keenness of the struggle by which it was secured. Revulsion of feeling is instantaneous.

To take a recent example. The crew in a boat-race straining every nerve to win the race, every muscle taut—the skill, the result of hard training, animating the oars which dip in and out of the water like living things—tension, struggle, perhaps exhaustion, evident in the face of each rower. The passing of a goal, the victory aimed at in many weeks of hard training, won, and immediately there is revulsion of feeling: nerves and muscles relax, tension gives place to joy, as in a moment the desired object is accomplished.

So it is with all righteous causes. Work for the betterment of the race is preceded by struggle—a struggle, it may be, fierce and prolonged before the goal is won; and history shows that those who elect to set aside selfish aims, and to work for the betterment of their generation, may expect to endure hardships before their purpose is fulfilled.

Therefore it is that those who are working for the State Registration of Trained Nurses know that the fight preceding the fulfilment of their hope is inevitable. On the one side a body of expert women workers pleading with the State that justice

shall be done to the sick, so that they shall no longer be the sport of ignorance, cupidity, and worse; that justice shall also be done to the trained and skilful women who have gained their skill by industry, hard work, and study, in the course of a prolonged training, but whom the State at present fails to differentiate from the merest tyros who assume their distinctive dress and impudently pose as possessing their knowledge.

On the other side, drawn up in battle array, are the forces of ignorance, of prejudice, of vested interests, of finance. Once the State Registration Bill is on the Statute Book, the public will not pay full fees for half-trained nurses; the nurse-sweaters, either in a corporate or individual capacity, will no longer be able to make rich profits at the expense of the sick.

So the battle wages, and the victory is to the strong. Now is the day of strain, of tension, of endeavour. Let those who are armed for the fight never forget that a cause founded on righteousness is as certain of ultimate success as that day will follow night, and for that reason our cause will progress till the goal is won.

When that day comes, the measure of the joy of victory will be in proportion to the sternness of the fight which preceded it. For the struggle has been bitter and long drawn out, and without the lever of the Parliamentary franchise nurses have had to fight—unarmed with the only effective weapon—a relentless and ruthless foe armed *cap-à-pie*.

Only an intense conviction of the necessity for legislation, and the righteousness of their cause, could have sustained them in the prolonged struggle—a struggle which, for the national honour, should be terminated forthwith by the passing of the Nurses' Registration Bill.



## MEDICAL MATTERS.

### THE SYMPTOMS OF DUODENAL ULCER

Mr. C. Mansell-Moullin, F.R.C.S., contributes to the *London Hospital Gazette* a very interesting article on the subject of duodenal ulcer, in the course of which he claims, concerning the symptoms that are ordinarily assumed to indicate the presence of an ulcer in the duodenum, that they indicate nothing whatever of the kind. They may, and they do, indicate that there is something very wrong with the duodenum, and often with the stomach, too; but except in special circumstances, they are not the symptoms of ulceration. The three most important symptoms which the writer discusses are hunger-pain, hæmorrhage, and hyperchlorhydria.

#### PAIN.

Of pain Mr. Mansell-Moullin writes:—"The usual explanation for the pain in cases of gastric and duodenal ulcer is that it is due to the acid gastric juice coming into contact with the raw surface of the ulcer; and the lateness of its occurrence in duodenal as compared with gastric ulcer is explained on the supposition that the acid contents of the stomach do not pass through the pylorus until some hours after the food has entered the stomach. As a matter of fact, ulcers of the stomach or duodenum may exist for months exposed to acid all the time without the patient suffering any inconvenience; and patients with proved (not supposed) gastric ulcer, may swallow acid of far greater strength than is ever secreted in the stomach without experiencing so much as an unpleasant sensation.

"As a matter of fact, the real explanation for this pain is quite different. The immediate cause, until, that is to say, the stage is reached when the peritoneum becomes involved and another factor is introduced, is nothing more nor less than muscular cramp, violent spasmodic contraction of the unstriated muscular fibre at and near the pylorus. If the contraction is comparatively moderate, so as merely to cause a certain degree of tension, there is only the sensation of fullness. When it is more severe the sensation becomes pain, which is described as bursting—a phrase, it may be noted, patients are very fond of using. It describes literally what they feel. In the worst cases this pain becomes almost unbearable, and leaves behind it when it subsides a feeling of soreness and tenderness that may last for days. If there is no mechanical obstruction, the contraction comes on in waves, one succeeding

another in regular sequence; but if the passage is free, except for spasm, and the stimulus is continuous, the contraction is maintained without intermission, until at last it gives way either because the muscular fibres are tired out or the nerve centre is exhausted.

"The immediate stimulus that starts this contraction is probably always the food as it leaves the stomach. There may be an ulcer or there may not. The presence of an ulcer is certainly not necessary. Muscular spasm may occur in its worst and most painful form without anything of the kind. All that the pain really indicates is that there is an irritable, hyper-responsive condition of the mucous membrane, so that the stimulus which in ordinary circumstances would produce only a normal result, calls into play a reaction which is not only excessive in amount, but which persists and continues so long as this condition is present. If this goes on, if the spasm and contraction are kept up, it ends in the establishment of a typical vicious circle—the increased responsiveness of the mucous membrane intensifying the muscular spasm, and the increased muscular spasm irritating the mucous membrane still more by crushing the tender surfaces together. It is the formation of this vicious circle that holds the secret not only of the symptoms that are present in what is commonly known as duodenal ulcer, but of the reason why they are relieved with such certainty and success by the operation of gastro-enterostomy, when all else has failed.

#### HÆMORRHAGE.

"The second symptom, or supposed symptom, of duodenal ulcer to which I wish to call your attention this evening, is hæmorrhage. It is of very frequent occurrence, much more frequent than is usually believed, but unless it is profuse it is no proof of the presence of an ulcer and cannot be accepted as evidence that there is one. Profuse hæmorrhage coming from the duodenum, which fortunately is of rare occurrence, is another matter. This is probably always due to an ulcer that has eaten its way into the wall of an artery and demands immediate operation. But what are commonly called occult hæmorrhages, small quantities of blood occurring in the feces, so small that they can only be detected by chemical analysis, the hæmorrhages that are usually met with in cases of this kind, do not mean anything of the sort. All that they mean is that there is great congestion of the mucous membrane so that the blood pours out from the capillaries that have given way, and escapes between the epithelial



cells. They do not mean that there is any such thing as an ulcer, or even a breach of the surface visible to the naked eye."

#### HYPERCHLORHYDRIA.

Concerning the above symptom the author writes:—"I am not quite sure that I understand all that is implied by this word, or that physicians that make use of the word are agreed among themselves as to its exact significance. . . . I cannot free myself from the uneasy suspicion that this is one of those long and impressive words that are coined from time to time, if not for the actual purpose of concealing what we do not know, at any rate possessing that effect. It does not matter so very much, perhaps, if it only hides our ignorance from our patients. The days of the early Victorian physician have not gone by yet, and faith in what we term suggestion still plays a great part in treatment. But it does matter a very great deal if it conceals our ignorance from ourselves, and of that I am afraid there is some danger."

The author states his conviction that the solution of the above symptoms is to be found in the intensely hyperæmic and hyperæsthetic state of the mucous membrane to be found in these cases, and which is enough, and more than enough, to account for them all, but because this condition disappears almost entirely with the life of the patient, little or no attention has hitherto been paid to it.

The author points out that such hyperæmia may be caused in many different ways: "Exposure to cold is one of the most common. It is notorious how prone this is to bring back all the symptoms of duodenal ulcer even after many years of absolute freedom, not as is usually stated because the ulcer has been lying latent all that time, and suddenly springs to life again, but because exposure to cold is one of the most frequent causes of internal congestion. . . . Jaundice, it is well known, may be caused in this way if the congestion involves that part of the duodenum into which the bile duct opens."

Another common cause, which it behoves nurses to remember, is septic poisoning, such as that which occurs in so many cases of chronic appendicitis and gall stones, leading to persistent ill-health without anything definitely wrong. "The gastric ulcer of young women in whom there is often no ulcer at all, but merely hyperchlorhydria, and gastrotaxis, is notoriously due, in a very large proportion of cases, to the persistent swallowing of septic poison from the mouth." Mr. Mansell Moullin states that he has cured many such by sending them to the dentist.

## OUR PRIZE COMPETITION.

GIVE THE RECIPES OF SIX SIMPLE DISHES FOR NIGHT NURSES WHICH COULD BE EASILY MADE IN THE WARD KITCHEN.

We have pleasure in awarding the prize this week to Miss Elleanor J. Law, Matron, Royal Hospital, Chelsea, London, S.W.

#### PRIZE PAPER.

Nurses do not as a rule, I fear, realize the difficulty every matron experiences in giving an appetizing "menu" for her night nurses' "ward suppers." The kitchen staff are hard at work from 6 a.m. to 9 p.m., and are only frail human beings, and thus the inevitable cold meat has often regretfully to form the midnight meal; but have nurses thought how they may themselves, with very little trouble, turn these midnight meals into a pleasure and a surprise to themselves and to their fellow-nurses; for, as Sir John Lubbock said: "Not only the regular professions, but every useful occupation in life, however humble, is honourable in itself, and may be pursued with dignity and peace."

Will you try, then, six very simple recipes, in the giving of which I am bearing in mind that your time will be limited, your purses probably are limited, and the kitchen equipment will necessarily be limited too? Also, that above everything, no smell of "cooking" must reach your patients.

#### COLD VEAL AND HAM.

For instance, to-night we have cold veal and ham. These should be minced by hand as finely as possible (if you have no little mincer in your ward kitchen). Take half the weight of your minced meat in breadcrumbs, place it in a saucepan, cover with milk, and add a little pepper and salt (and the squeeze of a lemon if you have one). Cook and beat with a fork until you have a smooth panada. Then add to your meat. Take a patient's soup basin and butter it well, and about 40 minutes before you expect to have your "supper," whisk up one or two eggs thoroughly, and add to your mixture, beating it up well. Then place in buttered basin, and steam. My amateur steamer was the kettle, into which the soup basin sat down, and I covered it with a buttered paper or a delf plate, or sometimes the kettle lid over the buttered paper.

N.B.—You see that your kettle is well filled and boiling, and kept boiling while your shape is being steamed.

When you are ready for supper you turn it out.

## A FIVE MINUTES' PUDDING.

Shall we make a "five minutes' pudding"? If so, take 1 tablespoonful of flour, 1 tablespoonful of castor sugar, 1 teaspoonful of baking powder, 1 egg. Mix dry ingredients. Beat up egg, yolk and white separately; add to mixture, and bake on well-greased flat baking tin for five minutes. When cooked, spread with thin jam made warm, roll, and dust with castor sugar.

N.B.—See that your oven is nice and hot before mixing your ingredients.

## A GALANTINE.

Our third supper is cold mutton. A galantine, I think, would be a change, so I mince the mutton up very finely, and if I have any cold bacon I add it in, and season with a little pepper, salt, and spice. I next take a little beeftea, or in place of a penny cube of ivelcon or a small teaspoonful of bovril, and dissolve into this stock two or three sheets of leaf gelatine (three sufficient for a quart mould). When thoroughly dissolved mix your mince and stock together, and place in your ever-useful soup basin, which you have previously held under the cold-water tap, and decorated with slices of hard-boiled egg, tomato, parsley, or any decoration to hand.

Place in the refrigerator or a very cool place, and turn out when quite cold.

## SCOTCH WOODCOCK.

For a very busy night you would find Scotch woodcock suitable.

Beat two eggs lightly, put 1 oz. of butter, pepper, salt, and a little anchovy sauce in a saucepan; add the eggs, keep stirring for one and a half minutes, and spread on hot buttered toast.

## FLAKED FISH.

Flaked fish is an exceedingly useful little dish.

Flake your fish (cooked cold fish), freeing it from skin and bone. Make a white sauce with a cupful of milk, a tablespoonful of flour, and 1 oz. of butter; moisten the fish with this, and heap it all in pyramid fashion. Cover with finely chopped white of hard-boiled egg, and garnish with lines of the sieved yolk. Put into the oven to get thoroughly hot before serving.

## STEWED MUTTON.

Uncooked mutton chops were sometimes one's supper, and, as a patient recovering from "enteric" once told me how much he suffered from the smell of the night nurses' supper being cooked in the ward kitchens, I have ever since avoided a fryingpan, and tried other means of cooking fresh meat.

For chops or pieces of mutton, etc., I again tried my amateur steamer, but very much prefer a casserole jar.

If possible I braize the meat in a little hot fat or dripping, in which I have previously fried an onion, but if this cannot be done, place an onion, into which you have stuck three or four cloves, in your jar or basin, some stock carrots and turnips, or celery, and either rice or barley grain, and steam very slowly, or place casserole jar in an oven for three or four hours; the longer and slower the stewing, the more tender it will be, but I have often had no means of cooking other than the soup basin and kettle, and it has always made a wholesome, easily digested supper.

There are numbers of excellent recipes which, with a little forethought and common sense, can be adapted. What is wanted is the willing hand and heart, and I assure you that the trouble will well repay you.

N.B.—This paper exceeds in length our usual limit, but as it was much the best we have awarded it the prize.

## HONOURABLE MENTION.

The following competitors receive honourable mention: Miss Emily Marshall (London), Miss Gladys Tatham (Roehampton), Mrs. A. Parslow (Formby), Miss Anna M. Cameron (Bournemouth), Miss A. M. Ashdown (Bath), Miss E. Pearson (North Ormesby).

We give the following recipes sent by competitors receiving honourable mention, many of those received were excellent:—

## BROILED CHOP.

\* Sent by Miss Emily Marshall.—A chop about  $\frac{3}{4}$  inch thick. Trim off most of the fat. Make the gridiron quite hot, grease the bars with a piece of the fat. Cook the chop over a very clear fire from eight to ten minutes, turning it over very often with tongs or a knife and spoon. If a fork were used it would make holes and allow the gravy to escape. When done, place on a very hot plate, with a small piece of butter, pepper, and salt. (If the salt were put on *before* cooking, it would draw the gravy out.)

## CHEESE RICE.

Sent by Miss Gladys Tatham.—Boil some rice for about ten minutes, in milk if possible; take it off, and let it soak up the milk. The proportion ought to be one teacupful of rice to one pint of milk (or water). But don't let the rice be dry. Shave, or grate, any scraps of cheese, and mix with the rice in a pie-dish. Add pepper and salt. Have cheese on the top. Bake in a nice hot oven, or have the mixture in a

basin, stand the basin in a saucepan of boiling water, and thus finish cooking the cheese and rice.

#### STUFFED TOMATOES.

*Sent by Mrs. A. Parslow.*—Choose tomatoes of equal size. Scoop out the centres, and strain the pulp removed. Add to the pulp 1 oz. of butter, 1 oz. of breadcrumbs, and seasoning; brush tomatoes over with butter; fill the centres with the prepared mixture. Sprinkle over a few more breadcrumbs, put a small piece of butter on the top. Bake 10 minutes in a hot oven. Cold fish, meat, or sausage may be used as a filling, all are equally good.

#### OATMEAL PUDDING.

*Sent by Miss A. M. Cameron.*—In three parts of a pint of milk brought to boiling point stir five heaped tablespoonfuls of fine oatmeal. Sweeten to taste. Place in a hot oven in a pie-dish, and let it cook slowly for two hours, stirring now and again. A quarter of an hour before service stir in a well-beaten egg, the yolk and white beaten separately if time allows, and the heating process does not disturb the patients. (Sufficient for two persons.)

#### SAVOURY OMELETTE.

*Sent by Miss A. M. Ashdown.*—Two eggs, a tablespoonful of milk, one teaspoonful of chopped parsley, salt and pepper, 1 oz. of butter. Thoroughly beat the eggs, add all the ingredients except the butter, mix well. Put the butter into a frying-pan, and when boiling pour in the mixture, stir until it thickens, then shake once or twice, fold in an oval shape, and serve in a hot dish. If preferred, a sweet omelette may be made by substituting sugar for the salt and pepper, omit the parsley, and serve with jam.

The ideal, of course, for the night nurses' meals is that they should be served apart from the wards, a kitchen night staff being kept on duty for this purpose. In large institutions with a sufficient staff of night nurses this can be done, and in some institutions a night service has been organized. But in many small hospitals it is quite impossible for the night nurse to leave the wards, and there is no reason why she should not have appetising food instead of the cold meat and doubtful eggs which are too often her portion. Night duty is always a strain, and good and nourishing food is not a luxury but a necessity.

#### QUESTION FOR NEXT WEEK.

Describe the modern system of treating and nursing pneumonia.

## AMUSEMENT OF THE CONVALESCENT BABY.\*

BY LOUELLA PURCELL, R.N.

(Graduate of St. Luke's Hospital, St. Louis, Mo.)

Harriet Camp Lounsbery has written for the January number of the *American Journal of Nursing* an article on the amusement of the convalescent. Knowing that you have read or will read this article, I shall confine myself to the convalescent baby.

Experience has taught me that success in amusing the convalescent depends not so much on what you do as what you are. A bright and cheerful disposition will carry you through most any long tedious period with the grown-up. Few indeed are the nurses that can handle the sick baby, and fewer still are nurses who enjoy this kind of work. This is to be deplored and yet to be expected, as the average nurse has had little training in that line. Children's ailments are such that they can seldom be cared for in the general hospital. Therefore the nurse is at sea when called to care for a child, suffering from some disease with which she has not come in contact, and has only the few notes which she has jotted down from some six or eight lectures. These give absolutely *no* help in the management of her small patient.

This is one of the greatest problems that confronts the private duty nurse. "What shall I do if the patient is a child?" How many nurses ask themselves that question when the call for duty comes?

Children dislike to remain in bed after daylight, their favourite hour for awakening being 5.30 a.m., never later than 6, and immediately they demand to be taken up. This is true of the sick child as well as of the convalescent, if the illness be not severe. Fortunately there are many diseases of childhood where the patient may occasionally be taken up for a short time, but there are times when they must be kept in bed during the entire convalescence. Then one must begin bright and early in the morning to amuse and entertain, in order that the child may forget that he is not to get up.

I have kept children patient and uncomplaining for days by persuading them that their bed was a train or automobile, and planning a different trip for each day. The sides of the bed were covered with heavy paper, with holes cut out for windows, the wheels made of large cardboard or the ends of old hat boxes, a canopy

\* Read at a meeting of St. Luke's Alumnae Association, Jan. 17th, 1912. Reprinted from the *American Journal of Nursing*.



of bright-coloured paper over the head, a few boxes and bundles, and we are ready for the "Beautiful Isle of Nowhere," or "Wonderland." What matters it if the boxes and bundles contain last year's toys! They have been out of sight, perhaps a long time, perhaps only a day or two, but they are tied up and opened at just the right time, giving almost as much pleasure as when they were new. Then I have made a spider web over and around the bed by using some brightly-coloured strips of tarleton and winding them in and out the sides of the crib and "criss-cross" over the top. They love to be shut in, as it were, and will usually object to their release.

Clothespins, if dressed in tissue paper and put on a cord across the bed, called by different and well-known names, will delight the child, especially if it's a "make-believe party." I have even dressed each of the little fingers and toes to increase the number of guests.

Children of this age do not, as a usual thing, enjoy the ordinary story. They may lie quiet for a little while and listen to "Little Pig" or "Mother Goose," but they soon tire and want something more exciting. Try them with make-up stories. They will understand better if you use familiar names for people. The cake houses and icecream porches which you may build, or rides on the chocolate horse, or milking the candy cow, will all be enjoyed.

Then, too, you can make a game out of every treatment, and a party out of each feeding. True, the tin soldiers and the woolly dog may be the guests of one, the dollies and the gingham cat of the other, but usually the patient will get the proper amount of nourishment, regardless of the fact that all have partaken. Take the dolly's temperature occasionally; it's a waste of time, but the small invalid won't want dolly to have one single thing done that baby has not, and he will willingly submit to almost any treatment if dolly has had it first.

I remember one child who was particularly hard to manage, and would not allow me to give treatment or medicine without a struggle, which so taxed his strength that I thought it would overbalance all the good that could ensue, and wondered if it had not better have been left undone. Then I stumbled on to an idea that perhaps he would enjoy being some one else (he was only two), so I called him Susie, saying, "Open your mouth, Susie, and take your medicine." He responded immediately, glad to have Susie get the bitter dose. I had no more trouble through his entire illness, always giving the disagreeable things to Susie.

So the day passes, and when night comes on we start with the dollies and the doggies, and

the little moo-cow, putting them all to bed first, and baby is almost always willing to join his pets when his turn comes.

The child a little older will enjoy kindergarten amusements, coloured beads and crayons, paper dolls, or a race of marbles across the cutting board, pasteboard houses and furniture, both of which are easily made. There are so many, many ways to amuse and entertain a child, even though they have few toys. Many a gorgeous necklace have I made for the small girl out of the diamonds from an old pack of playing cards, and many a garage, for the small boy, has been filled with advertisements from an old magazine. Hours have passed pleasantly for the girl of eight while she watched me fit a petticoat or dress to her dolly; while the boy that age will have great fun sticking old stamps into a scrapbook, and thus the days go by rapidly, both for patient and for nurse, if she does not dislike the work.

Many a nurse is excellent with adults, but does not possess the peculiar knack of caring for a child, but fortunately more nurses are seeking experience in this line.

A good nurse is as necessary to a sick child as a good doctor, for the skill of the doctor cannot avail unless his directions are carried out to the letter.

### THE TRAINED WOMEN NURSES' FRIENDLY SOCIETY.

Miss Mollett begs to thank those who have sent letters of inquiry concerning the proposed formation of a Trained Women Nurses' Friendly Society, to all of which she will reply after the meeting to consider the question, to be held in London on Wednesday, 17th inst. As reported on page 287, the Irish Nurses' Association has decided to organize an Irish Nurses' Friendly Society—a step upon which we heartily congratulate them—and as the Scottish Nurses have now the opportunity of doing likewise, no doubt English Nurses will show an equal intelligence in the management of their financial affairs under the Insurance Act. Some means, no doubt, could then be devised by which the Nurses of the three Societies could be helpful to one another if change of domicile became necessary.

Some private nursing associations are, we understand, endeavouring to establish the point that as their nurses earn £2 2s. a week, with board and lodging, for the greater part of the year, this amounts in all to over £160 per annum, and therefore they do not come under the provisions of the National Insurance

Act. It is doubtful if board and lodging can be reckoned as income for this purpose, but if this is admitted, the nurses in question will be worse off than ever, as income tax will then be demanded of them.

### THE IRISH NURSES' ASSOCIATION.

The monthly meeting of the Committee of the Irish Nurses' Association was held on Saturday, April 6th, at 8 p.m. This was the first meeting which has taken place under the new arrangement by which nurse-members are admitted to these meetings. There was a good attendance considering it was the night before Easter Sunday.

After routine business had been got through, the advisability of starting an Irish Nurses' Friendly Society was discussed. It was decided to do this as soon as possible, and a Provisional Committee was appointed to deal with preliminaries. The following members were asked to form this Committee with full power to act on behalf of the Irish Nurses' Association: Misses Lamont, Huxley, Reed, Hogg, Roberts, Kelly, Cherry, Kearns, Carre, Keogh, Sutton, Butler and Carson Rae.

The first meeting to take place on Wednesday, 10th, at 8 p.m.

### THE ELLEN PITFIELD PETITION.

In spite of the holidays, and perhaps in some measure because of them, we have had a very wide response to our Petition for the immediate release of Miss Ellen Pitfield from prison. Indeed, only a callous heart, free to enjoy glorious liberty during the magnificent Easter time, in England's loveliest places, could do so without a thought of pity "upon all prisoners and captives," and especially in relation to those women who are suffering for conscience sake—however the Common Law may deal with their misdemeanours. We thank the matrons and nurses who have at once signed the Petition, and also the many laywomen who have asked for forms.

But in tabulating the signatures we were painfully struck with the fact that, with few exceptions, matrons of large hospitals and the members of their nursing staffs have not added their names and influence to a Petition for the release of a fellow worker and human being *who is dying of cancer in prison!* Let us hope the immediate posts will bring many such signatures, and thus remove any suspicion in the public mind that highly trained and highly placed nurses are indifferent to suffering. Their

names should have been the first to be added to the Petition in the gracious cause of mercy.

We have received many kind letters, one from a West End medical man, who writes:—"Please send me one of the forms of Petition for the release of Nurse Pitfield. As a medical man who always has been an *Anti-Suffragist* I shall take great pleasure in signing this, and also in getting some friends to do the same. Knowing as I do the fearful ravages of this disease, whatever she has done her illness is more than sufficient punishment. I write this more particularly having regard to the terrible mental distress which is engendered by this disease, and which will be, of course, much aggravated by prison life."

We have to thank the Editor of the *Standard* for kindly bringing this Petition before a wide circle of readers, which has aroused warm interest in this most pitiful case and brought us many offers of help.

It is of the utmost importance that this Petition should be presented to the Home Secretary at the earliest possible date, as every hour of imprisonment does grievous injury to the sick woman, who is thus being deprived of her only chance of relief from purgatorial pain, and agony of mind. A Petition slip for signature will be found on page xii. Forms can be signed at the Office of this Journal, 431, Oxford Street, London, W., from whence they can also be obtained by post. Special clerical help is being devoted to the Petition, for which small subscriptions will be gratefully received.

ETHEL G. FENWICK.

### NIGHTINGALE MEMORIALS.

Three statues of Miss Nightingale have now been decided upon—one for London, one for Liverpool, and one for Derby. Countess Feodora Gleichen, the daughter of the late Prince Victor of Hohenlohe Langenburg, has been commissioned to model a memorial statue which is to be placed in front of the hospital at Derby. It will take the form of a semicircle, with seats round, while the marble figure, some six feet nine inches high, will stand on a stone pedestal in the centre of the semicircle. Florence Nightingale will be depicted as the Lady of the Lamp. The design is of classical simplicity and beauty.

It is eminently fitting that the memorial statues of Miss Nightingale should be the work of women, and we hope the good example in selecting a woman artist for the work by Derby may be followed by London and Liverpool.



## THE NURSES MEMORIAL TO KING EDWARD VII.

The Committee of the Nurses Memorial to King Edward VII are now considering applications from candidates who wish to apply for admission to the Memorial Home at Clapham, which it is hoped will be ready for occupation some time in May. Some disappointment is, up to the present time, felt that very few applications have been received from nurses who are not members of the Royal National Pension Fund.

We are asked to state that candidates who desire their application to be considered should send to Miss Swift, 15, Buckingham Street, Strand, forthwith. The necessary qualifications for admission are :—

1. Candidates must have been engaged in sick nursing.
2. An income of not less than 10s. per week, and sufficient furniture for a bed-sitting-room.
3. Must be in good health.

## NURSING HANDICRAFT.

The section of Nursing Handicraft arranged by THE BRITISH JOURNAL OF NURSING, for display at the Nursing and Midwifery Exhibition, opening on April 23rd, will, we hope, be an instructing little show. Several experts are entering for the Sectional Prizes. The *raison d'être* of the exhibit is to show the manual dexterity of trained nurses, and how daintily they can do their practical work. We hope whoever wins the prizes will be able to spend them in going to Cologne in August, there to take part in the first important International Nursing Congress and Exhibition held in Germany, where a warm welcome awaits them from Sister Agnes Karll.

## NATIONAL HEALTH INSURANCE.

### WOMEN MEMBERS OF THE ADVISORY COMMITTEE OF THE JOINT COMMITTEE OF COMMISSIONERS.

The following ladies have been appointed to the Advisory Committee to the Joint Insurance Commissioners, which consists of 159 persons. Important organisations of nearly every class of women workers have been granted representation, with the exception of societies of Trained Nurses. These professional women, whose work is of more importance—with the exception of that of medical women—than that of any other class of women workers under the Act, have from start to finish been ignored by those who have framed it. We wonder if even this

lesson will arouse trained nurses to their very serious lack of status, and in consequence their helpless position in the body politic. If it does not, nothing will.

### WOMEN REPRESENTATIVES OF TRADE UNIONS.

- Mrs. O. M. Aldridge.—Women Confectioners' Society.  
Miss M. A. Henry.—National Amalgamated Union of Shop Assistants, Warehousemen and Clerks.  
Miss M. R. MacArthur (Mrs. Anderson).—National Federation of Women Workers.  
Miss Grace Neal.—Domestic Workers Union of Great Britain.

### REPRESENTATIVES OF INSURED PERSONS.

- The Countess of Aberdeen.—Women's National Health Association of Ireland.  
Miss Bondfield and Miss G. Tuckwell.—Women's Trade Union League.  
Mrs. Allan H. Bright, Mrs. Edwin Gray, Miss Constance Smith.—National Union of Women Workers of Great Britain and Ireland.  
Miss E. H. Haldane.—Social Worker in Scotland.  
Miss L. Harris.—Women's Co-operative Guild.  
Miss S. C. Harrison.—Social Worker in Ireland.  
Miss G. Morgan.—Poor Law Guardian.

### NOMINATED BY THE ASSOCIATION OF REGISTERED MEDICAL WOMEN.

- Miss M. H. F. Ivens, M.S., Miss C. E. Long, M.D.;  
Miss A. M. Watson.

### PERSONS SELECTED BY THE COMMISSIONERS.

#### MIDWIVES.

- Mrs. Bedingfeld, Miss Alice Gregory.—Incorporated Midwives' Institute.

#### NURSES.

- Miss M. Hardman.—Superintendent Leicester District Nursing Association.  
Miss A. Michie.—Superintendent Worcester City and County Nursing Association.

Thus it will be seen that to the nurses' organisations, English, Scottish and Irish, which together consist of not less than 10,000 persons, who under the Act are compelled to pay the Insurance Tax, *no representation whatever has been given*. That two Superintendents of District and Village Nurses have been nominated to serve by the Commissioners, does not minimise the very grave injustice done to the Nursing Profession as a whole by ignoring it. Nothing could be more unjust, or prove our contention more completely, that so far as our legislators are concerned "trained" nursing does not exist, and that by Act of Parliament alone, providing for their Registration by the State, can the skilled, qualified, professional nurses of this country become recognised, and be accorded the representation in the body politic, which is their unquestionable right. Under the Insurance Act trained nurses have been treated not only with injustice, but with contempt.

The question is, how far are they as a class to blame? How far is their proverbial lack of



professional conscience responsible for their treatment under the Insurance Act? Selfish inaction surely breeds the contempt of those in power. Will this bitter lesson be taken to heart? We wonder.

## APPOINTMENTS.

### MATRON.

**The Haverfordwest Hospital, Pembrokeshire.**—Miss Florence M. Borton has been appointed Matron. She was trained at the Westminster Hospital, London; and has held the position of Sister at the General Hospital, Northampton, and the Royal Sussex County Hospital, Brighton.

**Coathill Hospital, Coatbridge, Lanarkshire.**—Miss Strang, who has temporarily acted as Interim Matron at the Coathill Hospital during an interregnum, has been appointed Matron out of twenty-six applicants. She was trained at the Barnhill Hospital, Glasgow, and has also had experience in the Yoker Hospital, the Belvedere Fever Hospital, Glasgow, the Rutherglen Smallpox Hospital, and the Lennox Hospital at Milton-of-Campsie. She has also done private nursing in connection with the Hillhead Nursing Institution, Glasgow.

### NURSE MATRON.

**The Sanitary Hospital, Bournemouth.**—Miss Jessie Edith Cooke has been appointed Nurse Matron. She was trained at the Chorlton Union Hospitals, Withington, Manchester, and has held the position of Charge Nurse at the Prescott Infirmary, and under the Metropolitan Asylums Board, London, of Sister at the Ruchill Fever Hospital, Glasgow, the Coventry Fever Hospital, and the Hendon Infirmary, of Nurse-Matron at the Southall Fever Hospital, and of Assistant and Deputy Matron at the City Hospital, Parkhill, Liverpool.

### MATRON AND SUPERINTENDENT NURSE.

**Workhouse Infirmary, Lewes.**—Mrs. Bryan has been appointed Matron and Superintendent Nurse. She was trained at University College Hospital, London; and has been Charge Nurse under the Blything Union; District Nurse at Southwold, and at Rochford and Hockley; and Superintendent Nurse of the Alcester Union Infirmary, and the Sudbury Union Infirmary.

### HOME SISTER AND ASSISTANT SUPERINTENDENT NURSE.

**Ashton-under-Lyne Union Infirmary.**—Miss Jennie Willens has been appointed Home Sister and Assistant Superintendent Nurse. She was trained at the Union Infirmary, Portsmouth.

### SISTER.

**Harrogate Infirmary.**—Miss B. Williams has been appointed Sister of the operating theatre and children's ward. She was trained at the Royal Hospital, Sheffield.

**Royal National Sanatorium, Bournemouth.**—Miss Rosina M. Webb has been appointed Sister. She was trained at the Royal Infirmary, Manchester, and the Fever Hospital, Plaistow, and has

held the position of Sister at the Crossley Sanatorium, Cheshire, the Seacroft Hospital, Leeds, and the Home Sanatorium, Bournemouth.

### NIGHT SISTER.

**Victoria Hospital, Blackpool.**—Miss Lily Kidd has been appointed Night Sister. She was trained at Monsall Fever Hospital and the Warrington Infirmary, and has since been nurse at the Cottage Hospital, Skipton.

### MATERNITY SISTER.

**The Workhouse Infirmary, Oldham.**—Miss Helen Atkin has been appointed Maternity Sister. She was trained at the Workhouse Infirmary, Birmingham, where she was Charge Nurse; and has had experience in the same capacity at the Home Hospital, Bournemouth, and at the General Hospital, Darlington.

### OUT-PATIENT SISTER.

**The County Hospital, Newport, Monmouthshire.**—Miss Evelyn Moriarty has been appointed Out-patient Sister. She was trained at Guy's Hospital, London; and has had experience in the massage department.

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Miss Hilda L. A. Jack, Sister, resigns her appointment (April 10th).

## GUY'S HOSPITAL PAST AND PRESENT NURSES' LEAGUE.

The Tenth Annual Meeting, and the Fourth Annual Dinner of the Guy's Hospital Past and Present Nurses' League will be held in the Nurses' Home on Friday evening, April 26th, 1912. Members' tickets for the Dinner may be obtained, price 1s. each, and application for them should be made not later than Thursday, April 25th, addressed to the Hon. Secretary at the Matron's Office.

The Eighth Annual Exhibition of the Guy's Hospital Nurses' Photographic Society will be opened in the Nurses' Home on the same date. Efforts are being made to make the Exhibition a success, and all Members interested in photography are asked to send in photographs. Particulars of Exhibition and entry forms may be obtained from the Hon. Sec., G.H.N.P.S., Matron's Office, Guy's Hospital, S.E.

## WELCOME HELP.

*The Society for the State Registration of Trained Nurses.*—The President acknowledges with many thanks the following donations:—Miss E. C. Busted, 10s.; Miss E. J. Hurlston, 5s.; Miss C. C. Du Sautoy, 5s.

Mr. F. W. Yeates asks us to notify that in his letter to Mr. Francis Knight, published in the issue of this journal of March 30th, he "inadvertently used the name of 'Faithful' for that of 'Nightingale.'" The clause should read "Mrs. Lucretia Whitam . . . was one of the ladies who went out with Miss Nightingale."

## NURSING ECHOES.

The International Council of Nurses has received an invitation from the Union of International Associations at Brussels to send representatives to the Annual Reunion of the Central Committee to be held at Brussels on April 15th and 16th next. In their letter of invitation the President, M. A. Beernaert, and the General Secretaries, M. H. La Fontaine and M. P. Otlet, state that since the Reunion in 1910 of the first world's Congress of International Associations, the work of which the foundations were then established has continually increased. The object of the Union of International Associations is to establish a centre to facilitate the work of international organizations, to study common questions of organization, co-ordination of efforts, and unification of methods, to create co-operation between institutions, and thus to contribute towards the organization of international peace.

The North London Nursing Association, which has been established 34 years, recently held its annual meeting at the Home, 413, Holloway Road. The attendance was presided over by Sir Victor Horsley. The report stated that the number of visits paid by the nurses during the year exceeded 41,000.

It was a source of much happiness to those responsible for the work that the great blessing of skilled nursing had been shared in by so many of the sick poor of this large northern district of London. And not only the receiving of skilled nursing, for it must not be forgotten that the nurse carried with her, in addition, many other gifts which conferred a great benefit on many a poor household, such as the teaching of cleanliness and the laws of health.

The serious deficit with which last year started had been entirely wiped out, but the large amount which had to be raised year by year must continue to be a matter of much anxiety and of much hard work for those who were responsible for the efficient upkeep of this most important work. The trustees of the Richard Cloudesley Charities had again given splendid help, and among other organisations mentioned in the report in this particular were the Islington Charities Committee, the Hornsey Parochial Charities, and churches and chapels. Many who returned thanks paid a warm tribute to Dr. Malcolm, the Superintendent (Miss Stanley), her staff, and the honorary auditors.

In moving the adoption of the report and balance-sheet, Sir Victor Horsley said that in

institutional nursing we had nurses part of a vast machine which was highly staffed in every way from a medical point of view, but in district nursing the work was carried on sometimes under great difficulty, yet efficiently. Therefore it seemed to him that the district nurses were the pioneers of civilisation.

Personally, he thought the alcohol question was the greatest social evil, and here he looked to the district nurses again as the pioneers of civilisation, for he was sure they were fighting against this great cause of disease and also cruelty.

He strongly supported Registration in connection with the nursing profession, remarking that the question was vital to it. The British Medical Association, he said, was foremost in this fight at the present moment for Registration.

Sir Victor concluded his sympathetic speech with good wishes for the success of the Association, and gratitude to the Superintendent and staff.

The second number of the Journal of the Cleveland Street Branch of the Nurses' League of the Central London Sick Asylum District, which has just made its appearance, is excellently produced, and we congratulate all concerned upon it. The frontispiece is an excellent portrait of Dr. Hopkins, the Medical Superintendent, which is sure to be appreciated by the members. A most interesting article on "Six Years in North China" is contributed by Dr. Walter Phillips, a former Assistant Medical Officer at the Cleveland Street Infirmary, which describes the life in Newchang, the Port of South Manchuria, with its extremes of heat and cold. In summer "a leisured few lie on shady verandahs in the coolest of silk clothes, slowly absorbing long glasses of iced drinks. The perspiring many toil in fly-infested offices, or, protected with shades and white topees, crawl out into the blazing sun, longing, as they hug the shadows, for a sight of cool green English lanes. . . . In winter the Arctic night closes down on all the frostbound land, the mercury drops far below zero, till the very ground itself cracks with intensity of cold. In such a port the doctor plays many parts, and as Medical Officer of Health has to inspect the shipping. There are more desirable places on a hot afternoon than the holds and 'tween decks of a steamer carrying 800 or 1,000 famine refugees, packed into every niche of space and afflicted with many strange diseases, most of whom have been seasick in those narrow quarters, without the convenience of stewards and basins. . . . By way of contrast, examining



railway passengers on an open platform of a winter's night at 10 degrees below zero demands a very hardy circulation in the fingers. . . .

"One of the great needs of Newchang is a good nurse. . . . There are nurses in large places like Tientsin or Shanghai, when they are to be had by telegraphing. Occasionally one is driven to employ Japanese nurses, especially for obstetrics. As a rule they have not been too satisfactory, though possibly if one spoke Japanese it might be easier to manage. At one confinement the mother was German, the doctor Irish, the nurse Japanese, the maid Chinese, each knowing but a word or two of the others' language. Teutonic baby clothes are things no one should tackle rashly who has not worn them. The dressing of the baby by that International Committee was a picnic!"

The first batch of probationers trained at the Plymouth Union Infirmary were recently presented with bronze medals after passing their final examinations, given by Mrs. J. S. Argall.

Mrs. Argall said that whilst her husband was Governor of the Board she had the honour to open the new infirmary, and as the probationer nurses appearing before them were the first to pass out of the institution, she desired to ask their acceptance of medals, and to congratulate them on their success. Great praise was due to Miss Holliday, the superintendent nurse, and the doctors, for the training for which they were responsible.

The successful probationers, who were grouped in front of the Governor's desk, were: Nurses L. C. Hargreave, F. Warren, W. Edwards, E. Maunder, M. Lee, E. Biddlecombe, E. Bishop, L. Marshall. The medals were formally presented by the Governor and pinned on by the donor.

On behalf of Dr. E. J. Cooke, the workhouse surgeon, who was unable to attend, Mr. Willey presented Nurse Hargreave with four volumes on "The Science and Art of Nursing," and Nurse Warren with a case of surgical instruments, they having obtained the highest number of marks.

Miss Holliday asked Mrs. Argall to accept a group photograph of the nurses as a small token of their appreciation of her interest in their work.

Dr. Stephens Ward, on behalf of the nurses, invited the Governor to accept a clock for Dr. Cooke, and to present Miss Holliday with a framed photograph of themselves. It was rather more than three years since the new

infirmary was opened, and the result of the examination of the first set of probationers to qualify fully was highly satisfactory. The nurses felt that their success was almost entirely due to the assistance which had been given them by Dr. Cooke and Miss Holliday, to whom they could not adequately express their gratitude.

Miss Holliday gratefully acknowledged the gift; and Mrs. Argall and Dr. Cooke were warmly thanked, on the motion of the Governor, seconded by Mr. Hacker (deputy-chairman of the Hospital Committee).

It is wonderful how Liverpool (Queen Victoria) District Nursing Association has grown in its fifty years of life. It started with thirteen nurses, and has now a staff of six matrons and sixty-two nurses. Speaking at the annual meeting, Lord Derby referred to the Florence Nightingale Memorial, and expressed his satisfaction that the money was not to be expended in bricks and mortar but was to be utilised for the nursing of the sick poor in their homes. At the same time, he was glad there was to be a statue of Miss Nightingale in Liverpool. Nobody who knew anything about nursing in these days could fail to appreciate the enormous strides in advance that had been made in what he would call the science of nursing. To that advance no one contributed more than Miss Nightingale.

Of course she did, because she advocated the teaching of nursing on a scientific basis, and yet whenever men speak in appreciation of the result of this sound educational work, it is unfortunately always to ignore it, and to oppose it when the opportunity offers—as in support of the State Registration of Nurses. Sound economics, educational and financial, are usually depreciated by men who control bodies of trained nurses. Just here peeps out the cloven hoof, and is the danger of such control.

At the annual meeting of the Inverness Branch of Q.V.J.I. it was reported that the Queen's Nurses had a splendid year's work, and Provost Birnie, in proposing the adoption of the report, said no institution deserved the more hearty support of the public. The bazaar held last September in Inverness for the benefit of the Institute realised £953 7s. 2d., and, after deducting expenses, £884 1s. 9d. had been added to the funds. Everything appears satisfactory but the price paid to Queen's Nurses everywhere for their invaluable work. It is high time salaries were raised and the real national value of their work recognised.



## THE HOSPITAL WORLD.

A beautiful new Convalescent Home for Women at Swithland, in Leicestershire, was opened on Tuesday by Mrs. C. J. Bond, and is a delightful resort. It is difficult to imagine a place better adapted for restoring health and vigour. Perched on the hillside, and looking across some of the most beautiful scenery in Leicestershire, surrounded by a fringe of woodland which rivals the most delightful spots of Swithland woods for rockstrewn picturesqueness, the Home has all the advantages which pure air and beauty and fitness for its purpose can give.

Sir Edward Wood, Chairman of the Leicester Infirmary, explained last week at a private view the various points of interest. On entering, the visitor will see in the porch two inscribed stones. One explains the circumstances in which the building was erected. It runs:—"This Home was erected by the trustees of the late Edward Higgs, of Leicester, who generously bequeathed a considerable sum of money for the erection of a Convalescent Home, and by the Leicester and County Saturday Hospital Society." Then follow the names of Mr. Orson Wright and Mr. W. Newbery, the trustees under Mr. Higgs' will, and the principal officers of the society. The inscription on the other stone states:—"This Home was opened by Mrs. C. J. Bond on Easter Tuesday, April 9, 1912." The buildings, fittings, and grounds are most tasteful.

The entrance hall and main staircase form one of the most interesting features of the interior architecture of the building. The woodwork is of Kauri pine left almost in its natural state, and the broadly harmonious treatment of the walls, together with the black and white tiles of the floor, give a delightful impression of mingled comfort and beauty and cleanliness.

On the front of the building, which faces south-east, one of the most beautiful rooms is the recreation-room, which can be divided by a partition or thrown into one large room if desired. Cane chairs and lounges are invitingly placed round the room, and the material for music is provided in the shape of a handsome piano and a gramophone. From this room entrance can be obtained to a broad verandah, the roof of which is supported by Doric columns, where patients can sit and enjoy the delicious air and view. There is also a delightful "quiet room," the very atmosphere of which breathes peace and contentment, and which has one of the very best views to be obtained from the downstairs rooms.

The bedrooms are most comfortably furnished, and baths and sanitary fittings all of the best. An interesting feature of the furnishing is the fact that the cost of providing the fittings for every department has been provided by some special contribution—either an individual or a firm—whose name appears on a plate on the door of each room.

The grounds are laid out in charming fashion, and in a year or two will look much better than they do at present. The main beauty of the grounds, however, lies in the five acres of woodland which surround the Home, where charming walks have been provided, and whence an even finer view can be obtained than that from the Home itself. The building and its surroundings reflect the greatest credit on all concerned in its erection, and will undoubtedly be a great boon to poor convalescent women and to all those who depend upon their health for all their home happiness.

## REFLECTIONS.

### FROM A BOARD ROOM MIRROR.

The King Edward Memorial Nurses' Home at Nelson was opened by the Mayoress (Mrs. S. Davies) on Saturday afternoon.

A permanent county memorial to King Edward for Berkshire is to take the form of a children's ward at the Royal Berkshire Hospital, Reading. Over £6,250 has already been raised.

The sum of £5,000 has been subscribed towards the Hertfordshire County Memorial to King Edward, and the amount has been distributed among the eleven hospitals in the county and the Herts Convalescent Homes at St. Leonards.

Lord Lister has bequeathed to the University of Edinburgh the insignia of the Order of Merit, and of the Prussian Order of Knighthood, his medals, diplomas and distinctions, including the caskets containing the freedom of the cities of London, Edinburgh, and Glasgow, and of the Merchant Taylors' Company, the trowel presented to him when opening a new nurses' home at Montreal, and his portrait in oils.

Mr. Ameer Ali, President of the British Red Crescent Mission in Tripoli, is appealing for funds in support of the work of the Red Crescent Society. He has received word from the director of the Mission from Dahibat that "the refugee coast population are suffering from starvation," and asking that an appeal may be made to Great Britain, India, Egypt and the British Colonies for relief funds.

## HORLICK'S MALTED MILK.

Horlick's Malted Milk is a preparation which has stood the test of over a quarter of a century's use, and is to-day more popular than ever. It contains all the nourishing qualities of pure rich milk, modified with the nutritive extract of malted grains, reduced to powder in a concentrated form by a special process. One of the many virtues of this preparation is that it can be preserved indefinitely and is suitable for use in all climates, a point which will be appreciated by those who know the difficulty of securing clean and wholesome milk for the sick in tropical countries.

The best testimony to its value is the enthusiasm with which its use is advocated by those who have tested it practically, under all kinds of conditions, some of them of the most strenuous nature. Thus Mr. Ernest de Koven Leffingwell, of the Anglo-American Polar Expedition, writing from Flaxman Island, Alaska, reported that for six weeks he and a sailor, who made a trip to Herschell Island, lived, with very few breaks, on a field ration consisting of Horlick's Malted Milk, 12 oz.; biscuit, 8 oz.; sugar, 2 oz.; butter or lard, 7 oz.; tea, 0.2 oz. They found it ample, and, further, never tired of it, but, if possible, drank their milk with greater relish at the end of the time than at first.

For infants, it can be readily diluted to suit the needs of individual babies, and at weaning time Horlick's Malted Milk has proved its value. It is also highly valued as of proved efficiency in typhoid fever and other serious illnesses. In the tropics, in combating the debility during convalescence after malaria, this preparation has been used with the greatest benefit. Only those who have experienced the exhaustion and weariness of a long-drawn-out convalescence can estimate the gratitude with which any agent which alleviates this condition is regarded. One on which many such convalescents rely is Horlick's Malted Milk. It may be eaten dry with bread and butter, or mixed to a paste and blended with hot water, it forms a pleasant and invigorating drink.

Once used it becomes an indispensable addition to the store cupboard in most houses, and its recuperating powers, both in health and disease, are such that few who have once experienced its benefits would consent to be without it. We commend it to the attention of our readers. It is supplied by Horlick's Malted Milk Company, Slough, Bucks, as well as locally through any chemist. The Company also supply a mixer, price 6d. by post, by means of which the Malted Milk can be perfectly blended with either hot or cold water.

## SOCIAL SERVICE.

### A DINNER-HOUR WITH OUR NAVVIES.

One day last autumn I happened to notice some weather-beaten navvies working away at an alteration in the railway-line, and somehow they seemed to give a tug at my heart, and I began to wonder if I could possibly do anything amongst them. I wrote to an old friend, who has worked among navvies for many years, to ask if anyone was responsible for these particular men, and the answer came: "No; we can do nothing for them at present, and there are hundreds more working on the new dock that is being made at Liverpool; do try to do what you can for them!" I knew nothing whatever about work amongst men, and felt quite at a loss to know how to begin; but by-and-by it was arranged that an experienced lady-worker should come over and meet me on a certain day at the new dock, for a dinner-hour service. What it would all be like I had not the faintest idea, but in the company of an old hand I felt I could face it; and the appointed hour found me battling along against a bitter wind and showers of hail to the desolate North Fort promontory. How bleak it was! Walking fast, in thickest winter garments, one could not get warm. Towards the north an embankment was being thrown out, evidently intended, when finished, to enclose a large part of the wide, dreary stretch of sand. It looked as if it must be the work of ages to complete such an undertaking, but engines called "steam navvies" are used now, which greatly expedite matters; and by keeping the men at work from 6 a.m. to 7.30 p.m., during the long, hot summer days, and pushing things on in every possible way, the work is being done in an amazingly short time. This is just one instance of the "hurry-up" policy that is contributing so largely to the general unrest and discontent, not only among navvies, but among all classes of workers. They say that the contractors receive an extra bonus if the work is finished in less than the specified time; and therefore, of course, they hurry on the work, even if it means wearing the men out before their time, and adding to our already too numerous class of sick and disabled workers.

Arrived at the barrier, I looked about in vain for any sort of lady-worker, and my heart began to quail. A disreputable-looking gate-keeper said he had not seen any lady, but she might be in the cook-house, so I picked my way through deep mud to the shed he had pointed out, and entered. Some sixty men were busy cooking slabs of meat in tin platters on the iron plates covering a huge furnace, in which pieces of railway line formed the grate, and old sleepers the fuel. The men looked at me in dumb surprise, but one came forward to see what I wanted. "Oh, maybe you'll find her in John's hut," he said, and conducted me most courteously to a tiny wooden hut where the "walking ganger" (the overseer of a gang of men) has a little stove,



a desk, and a bench and table. I found there a foreman and a "nipper," the latter being a boy of about thirteen, whose business it is to keep up the ganger's fire, and do various odd jobs for him. The ganger himself was out, "working his dinner-hour," they said; that is what the "hurry-up" policy often means for a conscientious ganger—and this one is an out-and-out Christian, whose devotion to duty wins the respect of all that know him. Many a time there is a slight landslip, or some other accident that must be put right at once, if the men are to go straight ahead when "blow-up" sounds (the signal for returning to work). A bit of slovenly work may mean serious accidents and loss of life. We little know what judgment, patience and strength of purpose are needed to ensure the work being well done; but anyone who has ever had to supervise workmen has some idea of the difficulties.

The foreman was eating his dinner, and invited me to sit down and wait. "Times is bad; things is gettin' worse and worse; the outlook is as black as ever it can be," grumbles my comparior, even hinting that he and his family are on the verge of starvation. I sympathise, and we get quite confidential, till gradually it comes out that he has a banking account and goes away for a little holiday in the summer! I remonstrated with him for talking so gloomily and he admitted, "I'm a worrit; that's where it is; I was born that way, and I can't help it." After more conversation I made up my mind that it was time to make a move; the other worker was not likely to turn up then, and I didn't mean to go home without doing anything, so I plunged forth once more into the mud and entered the cook-house, taking my courage in both hands, and finding it non-existent. By this time most of the men had finished their dinner; some were gambling, and all were smoking of course. The roaring fire, the smell of cooking and rank tobacco-smoke, not to speak of the steam from so many wet clothes and boots, all went to make up the back ground, though, at the time, I was scarcely conscious of them. I looked round; no one spoke, and I had no idea how to begin a conversation under such strange circumstances. The shed was crowded, and there was no place that could possibly be used as a platform, so I stood in the only available spot, feeling as if I must sink through the earth, and opened my hymn-book. Would my voice come out at all? I wondered, as I began to sing. To my astonishment it was perfectly clear and steady, and I knew that God had taken the frail human vessel, and filled it with His own marvellous power. The men were perfectly quiet, and though the gamblers went on with their game, most of the others listened intently. It seemed quite natural to stop between the verses and say a few straight, simple words, and then, after the hymn, to say a little more. Speaking in public had always been a perfect night-mare to me before, but this time I found myself thoroughly enjoying it. I had tried to do the impossible, and God had taken the matter out of my hands, for it was He who spoke and sang that day, and what

a joy it was—this sudden, vivid consciousness that He was doing through me what I could not possibly have done myself!

Can one imagine a violin refusing to be played upon by the hands that fashioned it? Yet that is the case with us too often. We will not let God have His own glorious way with us, but we let His enemy strike out harsh, jarring notes that fill the sweet world with discord, when we might have the joy of yielding to the caressing touch of those strong hands.

When I had finished, I said "Good-day," and walked out amid an embarrassing silence. Some no doubt, strongly objected to any intrusion; and the rest were too shy and awkward to say anything, though the earnest looks on their faces were plentiful reward.

I fancy I hear some wise persons grunting to themselves: "Humph! we all know what this sort of religious excitement leads to; the next thing will be a nervous break-down!" I have often been so over-wrought that I could not sleep both before and after speaking in public, but this time I went home and slept soundly all the rest of the afternoon and again all night!

Since that day, I have talked to many navvies, sometimes in the densely-populated lowlands, sometimes in lovely spots among the mountains, whence the water is carried to our great cities; and everywhere the men have proved interesting and loveable. They have failings in plenty, and of the kind that shew most conspicuously, but they are never rude to one, and among them I have found a kind thoughtfulness that puts to shame the ways of so-called *gentle-folk*. At first one is a little bit inclined to suspect that this kind attentiveness, if one may so call it, is merely the conventional tribute to one's social position, but I do not think it really is so, for a poor hut-keeper told me that when she was feeling weak and ill, after the birth of her little baby, the lodgers (navvies, of course), would carry the water, and even wash up for her. It gladdens one's heart to know that the poorest woman, if she be only true, has the power to call out the best in these rough men; and there seems to be a peculiar beauty and effectiveness in the work done by women amongst them. Not for a moment would I belittle the yeoman service of the navy missionaries who spend their whole time preaching and teaching under very trying circumstances, but it is they who are most ready to acknowledge the need of our work to supplement their own. At one time some felt very strongly that our place ought to be filled by clergymen, but when it was put to a meeting of the men themselves the answer was emphatic. "We don't want to change our ladies!"—"We want somebody that cares for us!"—"Who wants to change his mother?" and other replies in the same strain, showed something of the reality and power of spiritual relationship, a thing so often disregarded and misunderstood. Is it any wonder that we love them? If we have a misgiving, it is lest we should prove unworthy of their love for us.

EVELINE W. CROPPER.



## OUTSIDE THE GATES.

## WOMEN.

A Government Bill was introduced in the Swedish Parliament last week extending to women the Parliamentary franchise and the right to stand for election upon the conditions now enforced in the case of men. The Bill contains a provision that married women whose husbands have paid no taxes for three years shall not be entitled to vote.

We are always pleased to note a clergyman taking an active part in support of the women's cause, and the Rev. Hugh Chapman sets a splendid example to his fellows in the courageous manner he works and speaks for us. In a most beautiful letter in the *Times* on Friday last he defends women against the unspeakable insults hurled at them as a sex by Sir Almroth Wright. He supports the view that the women's enfranchisement movement is one of the Spirit, and writes:—

"Possibly a medical man's chief experience of women is with the neurotic type, which calls for grave pity, but which is by no means descriptive of them as a whole. I would also remark that far and away the finest of the nurses, whose profession is almost more important than that of the physician, are the product of an enthusiasm and recklessness of self of which the medical world is thoroughly aware, and from which it reaps most of the benefit. . . .

"I would ask the writer of this *brochure* in favour of the Eastern and archaic view of women to consider whether it is just or kind or chivalrous to thus treat the sex *en animal*, forgetful of the reverence due to such words as mother, wife, sister, daughter, or friend.

"I have not touched on the term 'votes,' which as a clergyman is not my concern, but it is the concern of the Church to take her stand on the side of spirituality and that exquisite co-operation between the sexes for the common good, which is apparently a closed book to the Philistine."

As the Anti-Suffragists are circulating the demoralising letter from Sir Almroth Wright in the *Times*, in pamphlet form, Miss Eleanor F. Rathbone, of Greenbank, Liverpool, has had extracts made from this document, with the title, "What Anti-Suffragist Men Really Think About Women," copies of which she will be glad to supply at cost price. Miss Rathbone commends the leaflet as a "moral emetic" to be administered especially to women who are hesitating about the question and whose minds have been overloaded with the sentimental view of womanhood put forward by Mrs. Humphry Ward and Miss Violet Markham.

The Secretary to the Royal Free Hospital, Gray's Inn Road, W.C. (says the *Standard*), has received a donation of £2 2s., as a protest against Sir Almroth Wright's recent reference to medical women, when he stated that they were "of course never on the side of modesty, or in favour of any reticences," the donor adding that many other women who have reason to bless women doctors would probably wish to follow her example.

## BOOK OF THE WEEK.

## IN COTTON WOOL.\*

The "Foreword" of this volume points out that "as society is now constituted, a man with a moderate but assured income can find people who, in return for his money, will perform for him nearly all the duties of manhood; and, as though he were infinitely precious, he may thus wrap himself in cotton wool and evade the shocks and perils of active existence."

Such an one was young Mr. Leonard Calcraft. He is first presented to the reader as an ideal and self-sacrificing son of an invalid and exacting old father.

There was everything the matter with old Calcraft. Dr. Searle said again and again he was only kept alive by the unremitting care that surrounded him.

"In other words," said Miss Workman, "you mean by Mr. Lenny."

"Well, and so I do," said the good doctor cordially. "I never saw anything like it."

Father and son lived in a large corner house on the Esplanade; there appeared to be every sign of relative affluence, good furniture, good food, good wine, five women servants kept to wait upon two masters, *not counting the hospital nurse* (the italics are ours). The said nurse, be it said, was an unconvincing creature, who called her patient "sir" and gave way to tears, and was being continually *sent* out of the room.

The other picture of Lenny is his relation to the girl who loved him. Lenny uses this devotion to place her in equivocal positions, while at the same time, "he adhered to what he called their rules—extracting all the bliss that may be enjoyed without danger or difficulty, complications, embroglios, or an expansion of the secret leading to discovery. Perhaps he refused to weigh the possibility that there was something very mean in caution so one-sided. Certainly he never for an instant admitted the idea that he was taking everything and giving nothing in exchange." On his father's death he tries to free himself from his pretty Alma, and the scene between them is powerfully described.

"Alma," he murmured, "I *respected* you. At least give me credit for that. No one can say there was anything really wrong between us." Her tear-stained face twitched and quivered, and she laughed, as it seemed to him hysterically. "You respected me—but my God, at what a cost to me. Nothing *wrong!* Lenny, if you throw me over I shall hold myself lower and cheaper than the women in the streets. They would never have been so subservient." . . . In another moment the end of the storm had come; tears streamed down her cheeks; and the words had no other sound than that of a prayer.

\* "In Cotton Wool," by W. B. Maxwell. London: Hutchinson & Co.

"O, Lenny, don't do it. Be true to me. It's too wicked—too monstrously wicked."

He terminates his engagement to Mrs. Fletcher, which took place shortly afterwards, in the same self-absorbed manner, and his roving affection, so-called, returns to Alma, who by this time has married Gerald Dryden.

His colossal selfishness leads him to try and regain ascendancy over her, and after a most painful scene of violence and passion, she seeks the protection of her husband against him.

Certainly he has done nothing to earn the reader's respect or admiration, but one can still feel pity for the man whose pleasant, easy-going disposition was so undisciplined and untrained. The concluding chapters of the book will satisfy those who desire that punishment should fall on the wrongdoer, for Lenny's brain gives way and we leave him in a private lunatic asylum. We only hope that the establishment described exists only in the author's imagination.

This is undoubtedly a powerful book, but we have read many pleasanter. However, it is a novel with a purpose, and as such proves its point.

H. H.

#### COMING EVENTS.

*April 13th.*—Nurses' Hostel House Committee 34, St. Stephen's Green, Dublin, 6 p.m. Meeting of shareholders, 7 p.m. Irish Matrons' Association Meeting, 7.30 p.m.

*April 15th.*—Irish Nurses' Association. Lecture: "Babies," by Dr. Hastings Tweedy, 34, St. Stephen's Green, Dublin. 7.30 p.m.

*April 17th.*—Meeting Matrons' Council of Great Britain and Ireland, 431, Oxford Street, London. 3 p.m. Tea.

*April 17th.*—Meeting Trained Women Nurses' Friendly Society Provisional Committee, 431, Oxford Street, London. 4.30 p.m.

*April 23rd.*—Nurses' Missionary League. Tenth Annual Conference and Meeting, University Hall, Gordon Square, W.C. 10 a.m. to 9.30 p.m.

*April 23rd to 26th.*—Nursing and Midwifery Conference and Exhibition, Horticultural Hall, Westminster, S.W. 12 to 10 p.m.

*April 25th.*—Annual Meeting, Association of Inspectors of Midwives, Royal Horticultural Hall, Westminster, S.W. 11 a.m.

*April 26th.*—Guy's Hospital Nurses' League. Tenth Annual Meeting and Fourth Annual Dinner. Annual Exhibition Nurses' Photographic Society.

*April 29th.*—League of St. John's House Nurses' Meeting and Social Gathering, 12, Queen Square, W.C., 3 p.m.

#### WORD FOR THE WEEK.

Sow love, and taste its fruitage pure;  
Sow peace, and reap its harvest bright;  
Sow sunbeams, on the rock and moor,  
And find a harvest home of light.

BONAR.

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

#### A PRIVILEGE TO SIGN.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR EDITOR,—It is a privilege to have the opportunity of signing the Petition on behalf of Miss Ellen Pitfield.

To add suffering or even discomfort to one who is called upon to bear such pains as we know the nature of her disease entails surely cannot be allowed in our Christian country. It is too inconsistent. Therefore, I quite believe she will soon be released, and let us hope tenderly nursed for the rest of her numbered days.

My heart ached for her when I read of her trial, and I longed that something could be done. Believing your efforts will be successful, and thanking you for giving us the opportunity of helping a suffering fellow-creature.

I am, sincerely yours,

RHODA METHERELL  
(Member R.N.S.).

#### PIECRUST PROMISES.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—I hope all thinking women, and nurses especially, will take warning by the recent action of Members of Parliament *re* the Conciliation Bill, which last session was passed by a majority of 110, and has now been *rejected* by a majority of 14. Of course, the reason given is the recent action of one section of the militant Suffragists. Whether that action was wise or not is not my point, but certainly it militancy increases I hope those rattling members will realise *their* responsibility. My object, however, is to show how thoroughly unreliable a man's promise to a woman is. Many of those men (probably all of them) had given their word that they would vote for the Conciliation Bill, and because a small number of women do something of which they disapprove they consider that quite sufficient justification to break their promise; a promise probably given to women who had nothing whatever to do with the militants, and by this action helping to withhold what they profess to believe is right and just from thousands of women because, forsooth, a small number do something they don't like.

Now, we registrationists have been asking nicely for registration for many years past; our Bill even passed the House of Lords without a division, but do these same men say, "Here's a quiet, law-abiding, useful body of women who are going to work in a proper orthodox manner,



who behave quite genteelly, let us pass their Bill." By no means. Their policy is, "Those that ask don't get, because it is rude to ask, and those that don't ask don't want." Now we have the Insurance Act, which we didn't ask for, did not want and were not consulted about, and as it touches the pockets of all who come within its scope, and means the handling of much money, people are keenly interested.

I see that Hospital Committees are wanting to unite to become an approved society for their employees, who, of course, include nurses. Nurses, take warning! band yourselves together for your own benefit. You have been exploited long enough by others, now show your good sense and join the Trained Women Nurses' Friendly Society so that all the money that you pay in may be used for your own needs. You may join any society you please, don't forget that. Stand shoulder to shoulder, take all the help you can get, but depend upon no one but yourselves; above all things, let us never forget that a man's promise to a man is generally kept, but a man's promise to a woman is usually—piecrust. In the meantime work your hardest for State Registration. If this wholesale betrayal of women by men does not arouse them to bestir themselves for their own protection, then I fear nothing will. When men deliberately break their given word, honour has become a very scarce commodity, and who are they that they dare say one word against women who are sacrificing everything for what they consider is just and right. I for one would rather be one of those window-smashers in gaol than one of those men who, by breaking his promise, has publicly forsworn himself. Nurses, do take this lesson to heart. Apologising for the length of my letter,

Believe me, Dear Madam,

Yours truly,

MARY BURR.

Hotel Bon Accueil, Montreux.

### THE GLASGOW MATERNITY HOSPITAL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—It is sad that the Directors of so admirable an institution as the Glasgow Maternity and Women's Hospital, which serves the double purpose of the skilled treatment of lying-in women and the training of medical men and nurses, should be obliged to report at their annual meeting that, while an ever-increasing number of students and nurses from all parts of the world avail themselves of its teaching facilities, unless the capital funds still required, and a very substantial increase in the yearly income, are subscribed soon, the maternity work of the hospital may have to be curtailed in the near future.

I notice frequently that while hospitals which treat disease receive large bequests and donations, the committees of maternity hospitals are, as a rule, at their wits' end to obtain the necessary funds for their support; yet maternity hospitals

do a great work in the prevention of disease, both in mothers and children. The gynæcological wards of our general hospitals are filled with patients suffering from the result of improper treatment or want of care during childbirth; and our ophthalmic hospitals and blind institutions bear witness to the disastrous results of the neglect of attention to children's eyes at birth, though we must go a step back further than that even, to abolish ophthalmia neonatorum. Surely, hospitals which are endeavouring to maintain and raise the standard of national health are at least as worthy of support as those whose object is to cure disease.

Yours faithfully,

CERTIFIED MIDWIFE.

## NOTICES.

### NURSING HANDICRAFT PRIZES.

At the Nursing and Midwifery Conference, April 23rd to 26th, THE BRITISH JOURNAL OF NURSING will be on sale at its former Stand 11B.; and the show of Nursing Handicrafts announced by the JOURNAL, will be opposite at Stand 10 B., for which the following Prizes are offered for complete Sections as follows:—

(1) Maternity Nursing; (2) The Head, including the Eye, Ear, Nose, Mouth and Throat; (3) The Thorax (Heart and Lungs); (4) The Abdomen (The Digestive Tract, Kidneys and Bladder); (5) Gynæcological Nursing; (6) Splints and Bandages.

First Prize	..	..	£7	7	0
Second Prize	..	..	£4	4	0
Third Prize	..	..	£2	2	0

There will be three Consolation Prizes of £1 1s each for single articles sent for exhibition.

All communications concerning this exhibition must reach the Editor at 20, Upper Wimpole Street, not later than Saturday, 13th April.

### OUR PRIZE COMPETITIONS FOR APRIL.

April 20th.—Describe the modern system of treating and nursing pneumonia.

April 27th.—Give some information on the training of infants.

### OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper. Only the most reliable firms are accepted by the management.

If unable to procure THE BRITISH JOURNAL OF NURSING through a newsagent, the manager desires to be informed of the fact. Copies can always be procured through Messrs. W. H. Smith & Son, and at the offices, 431, Oxford Street, London, W.



# The Midwife.

## ACUTE POLIOMYELITIS.

The *Lancet* publishes an interesting paper on "Acute Poliomyelitis and Allied Conditions," read by Dr. E. Farquhar Buzzard, F.R.C.P., before the Harveian Society of London, which he considers should be classed among the acute specific fevers rather than among the diseases of the nervous system. As it is a disease which attacks infants and young children, it is one concerning which midwives should unquestionably be informed.

Dr. Buzzard writes in part :—

I may be asked, What good would such a change in classification effect? In my opinion it would be of the greatest possible service in an indirect way. At the present time I do not believe that one case of poliomyelitis in fifty is diagnosed correctly within a few days of its onset. I will go further, and say that the idea of such a possibility does not enter the medical attendant's mind. He is asked to see a child who has some rise of temperature, is seedy, perhaps complains of headache, may vomit, may even have a slight convulsion. He examines the child all over, looks for rashes, inspects the throat, and, finding nothing, says that it may develop into something, perhaps measles or chicken-pox, or hints that it may only be influenza. The idea of acute poliomyelitis never enters his head, and why? Simply because acute poliomyelitis is not among the acute specific fevers in his text-book, but is found in that most shunned of all sections, the section on diseases of the nervous system.

### AN ACUTE SPECIFIC FEVER.

Let me now recount my reasons for placing poliomyelitis with the other acute specific fevers.

1. *Age Incidence.*—This resembles that of several specific fevers. The large majority of cases occur in the first five years of life, after which the liability gradually diminishes. Instances of the disease after 40 are quite rare, although they occur in severe epidemics.

2. *Seasonal Exacerbations.*—The disease is most common in the months from July to October, but it is not extinct at any time of year.

3. *Endemic and Epidemic Manifestations.*—While cases are fairly common from year to year and widely distributed all over the world,

epidemics have been recognised with increasing frequency in many countries, as well as in the British Isles. . . . In all probability many endemic cases in infants are rapidly fatal, and are diagnosed as cases of tubercular meningitis or teething convulsions, &c. There are no reliable grounds on which to base the statement that the mortality rate is greater among the epidemic than the endemic cases.

4. *Immunity from Second Attacks.*—There can be no doubt that a second attack of poliomyelitis is extremely rare, and its occasional occurrence finds its counterpart in the other specific fevers.

5. *The Virus.*—The obscurity surrounding the nature of the virus is shared by many of the specific fevers, notably variola, varicella, and measles. Recently, however, the specificity of the disease has been abundantly proved by the experimental work of Levaditi, Flexner, and other observers.

6. *The Onset and Course of Poliomyelitis* simulate those of other fevers in many ways. Healthy children are suddenly attacked with a febrile illness associated with headache, anorexia, vomiting, perhaps convulsions, and this condition runs a rapid course of a few days. The disease is soon over, the temperature drops, and if the patient survives there are only the effects of the morbid process left.

7. *Contagion.*—That the disease is contagious is now hardly open to doubt, but the actual path of contagion and the factors influencing it have still to be discovered.

It will be agreed that poliomyelitis has a strong family likeness to the acute specific fevers of childhood, but it differs from most in one important particular. The inflammatory eruption—the rash, in fact—is not visible on the surface, but lies deep in the central nervous system. Its presence can only be assumed during life by the secondary changes it produces in the function and structure of the skeletal muscles—that is to say, in the muscular paralysis and atrophy.

I do not wish to minimise the difficulties of diagnosis, especially in the case of infants and young children. In these small patients the disease is ushered in by constitutional disturbances, such as fever, anorexia, fretfulness, restlessness, perhaps vomiting, sometimes catarrh, and occasionally convulsions. Within a few hours there may be evidence of muscular weakness, which is only detected by close

observation. The limbs are not moved readily and briskly, either spontaneously or in response to stimulation, although there may be as yet no complete paralysis. This is the stage when the true condition is most often overlooked, although one must confess that paralysis is sometimes unsuspected until all the acute symptoms have passed off, and the truth revealed only when the child is removed from bed and one or more limbs are found to hang lifeless from the trunk.

#### MORTALITY.

The mortality of the disease is impossible to estimate. In all probability many infants die from it without the proper diagnosis being made. I am led to this belief by two facts. In the first place, a general paralysis in an infant who is seriously ill is often overlooked. In the second place, I have known an adult die from the disease within 36 hours of the onset of symptoms. Although the paralysis was recognised, the case was regarded as one of Landry's paralysis. This mistake has been made over and over again, and examples of it are scattered through medical literature. As I have already stated, cases are recognised more readily during epidemics, and for this reason the mortality of these epidemics is regarded as high. It is quite possible that the mortality rate among endemic cases is equally serious.

Is complete recovery possible? The answer to this question is undoubtedly in the affirmative, if we take the experience of epidemics. The inference is that unrecognised endemic cases may also make perfect recoveries, and I have had experience of at least one case which encourages me in this belief.

#### ALLIED CONDITIONS.

What *are* the allied conditions? If my contention that poliomyelitis is an acute specific fever is correct, the most closely allied conditions are the other acute specific fevers. It is certainly a fact that in the earliest stage of the disease there is often difficulty in deciding to which of these forms the case belongs. But there is another very closely allied condition—namely, encephalitis. Ample evidence is forthcoming to show, not only that encephalitis occurs alongside poliomyelitis in epidemics, but that the two conditions may be associated in the same patient even in endemic cases. They are not only closely allied, but they are pathologically and etiologically identical.

Encephalitis among infants must be a fairly common, if often unrecognised, event. Probably the majority of cases of infantile hemiplegia have this origin, and I strongly suspect

that many cases of epilepsy, even when unassociated with hemiplegia, are due to the same primary cause. Let me remind you of a very common clinical history in cases of epilepsy. An infant in the first or second year of life has a series of convulsions, lies desperately ill for a few days, and then recovers. Perhaps six months or a year later an epileptic fit occurs, and these are repeated with decreasing intervals. The case is regarded as one of epilepsy starting with "teething convulsions." Many such cases, I believe, are instances of acute encephalitis, leaving scars in the brain which subsequently form the starting points of epileptic attacks. The same history obtains in some cases of mental deficiency.

### SOMERSET COUNTY COUNCIL.

#### MIDWIVES' ACT SUB-COMMITTEE.

An interesting report on the working of the Midwives' Act for the year 1911 has been drawn up by Miss C. C. Du Sautoy, Inspector, and presented to the Midwives' Act Sub-Committee of the Somerset County Council by Dr. W. G. Savage, County Medical Officer of Health, who states that there is an increase in the number of midwives at work, the increase being due to an additional 20 trained midwives, the *bonâ fide* having decreased by 2. There has been a steady increase in the number of trained midwives in the past five years, and the trained now outnumber the *bonâ fide* by 53. In 1907 the proportions were: trained 81, and *bonâ fide* 125, whereas in 1911 the trained numbered 155 and the *bonâ fide* 102.

The frequency with which a medical practitioner is called in by trained and *bonâ fide* midwives respectively disposes of the opinion advanced in some quarters that the trained woman is disposed to take upon herself the duties of the medical profession, while the less well-informed do not assume its functions. In 1911 trained midwives in Somerset called in medical assistance in 11.9 cases, whereas the *bonâ fide* did so only in 4.7 cases.

In connection with the new rules of the Central Midwives' Board, which came into force on July 1st, 1911, we are glad to note that the Midwives' Sub-Committee decided to supply the printed forms required by midwives for the purposes of notification, together with the postages on those required to be sent to the County Council. Midwives out of their meagre earnings should not be expected to incur these expenses.

#### REPORT OF THE INSPECTOR.

Miss Du Sautoy gives the following details of the experience of 155 trained midwives: 68 are "Village" nurses with one year's special training, including midwifery; 15 have had two years' or



less hospital training; 15 hold certificates of three years' training from recognized training schools, and 21 (*i.e.*, Queen's Nurses) have had six months' district training in addition. 36 have had midwifery training only.

The Inspector divides the trained midwives into (1) those working under committees (including 90 working under the County Nursing Association and 37 under independent associations) and (2) those working on their own account, of whom there were 28. Of the latter 1 had over 100 cases, 1 had over 50 cases, 4 had over 20 cases, 8 had under 20 cases, 11 had no cases, and 3 had monthly cases only.

Of the *bonâ fide* midwives 1 had over 100 cases, 4 had over 50, 13 over 20, 68 had under 20, and 16 had no cases.

Miss Du Sautoy points out that one of the new rules of the Central Midwives' Board is that every midwife must take and record her patient's temperatures night and morning. As many of the *bonâ fides* midwives can neither read nor write it is obviously impossible for them to obey it. Most of the *bonâ fides* have to depend on some one to keep their registers for them. In many villages the incumbent or his wife does this; in other cases the midwife gets a grandchild or some other relative to do it.

Miss Du Sautoy points out that these old midwives cannot in the course of nature continue their work much longer, and unless something is done many more places will be without midwives than there are at present. She advocates the formation of associations run on the "provident" or club basis and visiting system.

### THE CARE OF INFANTS AND MOTHERS.

We have received from Mrs. Barnes, Central Secretary of the Nurses' Social Union, 25, Duppas Hill Road, Croydon, a "Syllabus of Seven Simple Lectures on the Care of Infants and Mothers," by Miss C. M. Symonds, Associate of the Royal Sanitary Institute, and Certified Midwife, Masseuse, &c., which should be useful to those nurses and midwives who undertake to give instruction on these important subjects in the form of popular health lectures. The syllabus may be obtained from the above address, price 7d., postage  $\frac{1}{2}$ d., or postage of twelve copies 4d.

#### WATCHWORDS.

The little book has two watchwords:—

"There is life here—there is promise—there are innumerable things to work for and fight for; and that is the main thing. . . . "I mean to have the right to look my sons in the face when they are grown men."—Dr. Stockmann in Ibsen's "An Enemy of the People."

"The final outcome and consummation of all wealth is in the producing as many as possible full-breathed, bright-eyed and happy human creatures."—Ruskin, "Unto this Last."

The syllabus is commended in a brief preface by Dr. Ralph Vincent, whose scientific and enthusiastic work on behalf of babies is well known. Dr. Vincent says that "the problems of the nation are writ large in the problems of infancy. The rearing of a great and strong people means caring for mothers, babies and children. Miss Symonds has managed to compress into comparatively few words an astonishing amount of good sense."

#### SUGGESTIONS FOR THE LECTURER.

Miss Symonds, in her introductory suggestions, remarks that "a certain amount of recapitulation in the Notes for these lectures is intentional; it does not bore the rather uncultivated minds of the average working woman (they are, on the contrary, rather pleased when it can be proved how well they remember), it serves to connect the lectures together. It is good that anyone who has missed a lecture should have the salient points introduced into another.

"And it is certain that the only way to drive a nail into a wall, and more especially into a hard one, is to keep on hitting it on the head with well-directed force."

The syllabus of the seven lectures is printed on one side of the page only, and the opposite one reserved for notes for the lecturer. The following are the subjects of the lectures:—

1. The infant's first needs: fresh air, warmth, and cleanliness.
2. Clothing, rest and sleep.
3. Breast feeding: its advantages, how to obtain a good supply; things which retard the milk-flow.
4. Substitutes for breast-feeding. The right food. The bottle.
5. Mistakes made in infant feeding. Irregularity. Contamination of milk. Wrong foods.
6. The care of the mother.
7. The practical preparation and minor ailments of pregnancy.

Some excellent drawings of an infant's first frock, flannel, knitted vest, &c., are included, the paper patterns of which are obtainable from the Nurses' Social Union at the address given above, as well as the knitting instructions for the vest.

### THE ASSOCIATION OF INSPECTORS OF MIDWIVES.

The Annual Meeting of the Association of Inspectors of Midwives will be held in the Royal Horticultural Hall, Vincent Square, London, S.W., on April 25th, at 11 a.m. We are asked to state that any member who has not received a notice is requested to apply to the Hon. Secretary, Miss Du Sautoy, 16, Elm Grove, Taunton, from whom all particulars as to membership can be obtained.

The work of Inspectors of Midwives is onerous as well as honourable, and conference with one another is both stimulating and helpful.



# THE BRITISH JOURNAL OF NURSING

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## EDITORIAL.

### FEARLESS AND TENDER.

One of the finest products of the age is the trained nurse, whom no picture can idealize, when found at her best, because she is greater in real life than any pen and ink portrait. For the true nurse is a warm-hearted, sentient being, throbbing with vitality, inspired by noble influences, dominated by a hatred of all that is evil, mean and base, and, by a passionate sympathy with righteousness in every form, confined to no locality or country, but world-wide in its interest. Indeed, without the foundation of sympathy, a nurse may be a good machine, and even be to a certain extent a professional success, but she can never attain greatness, or develop the qualities most essential to the sick.

To the sick person the personality of those who surround him is all-important. For the effect of mind upon matter, though little understood, is most powerful; but it is certain that, as the Great Healer Himself perceived that someone had touched Him because "virtue had gone out of Him," so the sympathetic nurse gives much more than mere skilful attendance to the sick in her charge, and some of her own vitality, imperceptibly given, is a factor in their recovery.

Therefore the quality of sympathy is more, and not less necessary, for the trained nurse than for the ordinary person. She should, indeed, have an inexhaustible fount, which embraces the sick, the suffering, the helpless, the poor, the mentally defective; which is inspired by a fine indignation against all forms of oppression, and which is passionately alive to the cruelty of needless suffering occasioned by preventable disease, and by insanitary conditions—to all those factors which cause physical and moral evil.

No one feels these things more acutely than the sympathetic nurse, for the curse

of caste does not exist only in the Far East, but under other names—such as the distinction of class—is a potent factor in this country, so that horrors of daily occurrence in our midst do not reach the ears of the more fortunate classes, and, when they do, are often passed over in silence as unsuitable to mention. Nurses are vividly aware of them, owing to the tragedies which they meet with in the course of their work, and, it may be, when they arrive at the full realization of their responsibilities, which are much greater than the somewhat narrow environment within the hospital gates, the world will be a sweeter and better place for their cleansing influence. But to attain this, true sympathy, unselfishness, and a fine disregard of expediency are necessary. While many nurses are technically proficient, only the limited few have yet attained to the higher level, where fearless and tender—and the two qualities usually go together—are found the workers who leave their mark on the world's history.

Those whose memories are cherished long after they have passed away, are not the powerful, the ambitious, the rich, but those who in their day and generation "loved much," and were inspired by a passionate desire for the betterment of their race, collectively and individually. Of our own pioneers, St. Elizabeth of Hungary, Friedrike Fliedner, Elizabeth Fry, Florence Nightingale, Agnes Jones, Dora Pattison, Isla Stewart, Isabel Hampton Robb, and a host of others stand out pre-eminent as noble examples.

When "former things have passed away," there will still abide faith, hope, and love, of which the greatest is love. Let us cherish it, let us pay homage to it where we find it, for in its unselfish manifestation, not in its counterfeit presentment, it is probably the rarest, as it is the most precious of the virtues.

## CLINICAL NOTES ON SOME COMMON AILMENTS.

BY A. KNYVETT GORDON, M.B. CANTAB.

### SORE THROAT.

The title of this paper is distinctly unscientific, inasmuch as sore throat is a symptom of many diseases, and not one ailment in itself. It was, however, suggested to me not long ago that I should say something in this series about sore throats in general, and I am glad to do so now. The suggestion is not a bad one, for the various conditions that are accompanied by soreness of the throat are not easy to "dig out" from the average textbook of medicine even with the aid of a good index, which, incidentally, is generally the worst part of most medical works.

Sore throat, that is to say, pain on swallowing felt inside the throat—and I am leaving out altogether the conditions which give rise to pain by pressure from without—may be due to a large number of conditions, which differ very much in their significance, and it will be as well to point out at once that the intensity of the pain has nothing whatever to do with the gravity of the outlook. We have now to see firstly to what the pain is due, and then how to distinguish the conditions which give rise to it. Lastly, we shall discuss the treatment of the illness itself.

The actual cause of the pain is swelling (from inflammation) of the tonsils and surrounding tissues, and this again is practically always due to the presence of microbes of one kind or another. When we consider the function of the tonsil—apart from that of serving as prey to the energetic dresser in the throat department, who is anxious to remove it—it is really surprising that we do not suffer much more frequently from sore throat. The tonsils are the microbe traps of the body. Situated as they are between the mouth and the two tubes that convey air to the lungs and food to the stomach respectively, any germs that are present in the air or food have to pass over them before they can reach either the respiratory or alimentary systems, and are usually, though not always, arrested by the tonsils.

When the germs that settle on the surface of the tonsils are carried by the blood stream into their interior they meet with a large quantity of white blood cells, or leucocytes; in fact, the tonsil is composed mostly of leucocytes. So a fight occurs between the two, and, as a rule, the leucocytes win, and the germs are disposed of, so that they do not get any further

into the system than the tonsil itself, and we do not know that there has been a fight at all in the majority of instances. Sometimes, however, the microbes succeed in multiplying at first, and thus an inflammation of the tonsil occurs, and we feel it as a sore throat, which is generally accompanied by a certain amount of headache and fever, indicating that some of the poisonous products of the activity of the germs have been absorbed into the general blood stream.

Inasmuch as the process in the main is the same at first, whatever the nature of the invading microbe may be, it follows that tonsillitis may be due to very many different kinds of microbe, but as the poisons that are produced vary very much in their effects when absorbed, we want to know at once, if we can, what microbe is present, in order that we may be prepared to recognise and deal with the much more important results of absorption of its poisons later on.

In practice it is rather difficult to do this; the appearance of the throat is very deceptive, and there is not a very wide difference to the naked eye between a tonsillitis which is really going to subside very soon and without leaving permanent effects, and a similar inflammation which is due to diphtheria, for instance, and which may kill the patient. The only person who is omniscient in these matters is the recently qualified man.

Whatever the microbe may be, the tonsils swell and project into the mouth; sometimes they touch each other in the middle line, so that swallowing is very difficult. Their surface becomes covered with little yellow points of pus, which is coming from the pits which stretch down into the interior where the leucocytes are. At this stage the inflammation may gradually subside, as in simple tonsillitis, or may go on either to ulceration, or eating away of the tonsils, which in extreme cases may drop off altogether, or to formation of an abscess in or behind the tonsil itself, a condition which is known to the laity as quinsy.

It is impossible here to enter fully into the question of diagnosis, but it will be as well to point out some of the conditions in which tonsillitis is found. We may have, firstly, a simple "follicular" tonsillitis, which soon subsides and is not at all dangerous to life—the ordinary "sore throat," in fact—or the case may turn out to be one of scarlet fever, diphtheria, or syphilis. The age of the patient is of immense help—more so than is generally understood—in this connection. In a child, both scarlet fever and diphtheria are very common, simple tonsillitis rare, and syphilis of the tonsils prac-

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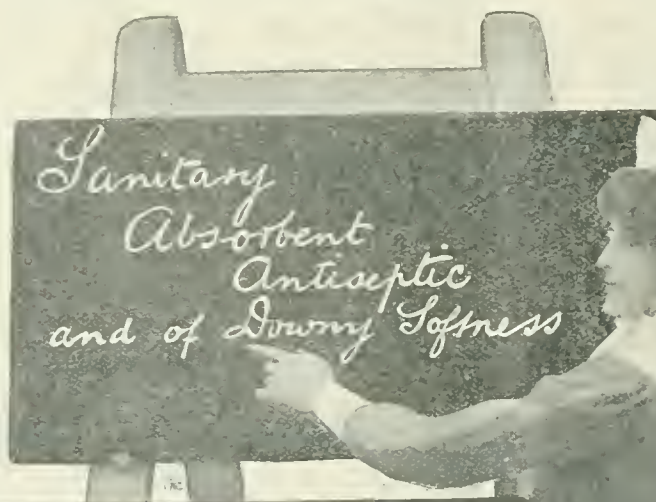
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tically impossible. In an adult, however, diphtheria is rare, scarlet fever not common (for the patient has usually suffered from it in childhood), and simple tonsillitis and syphilis are the usual alternatives. Apart from the question of age, the appearance of the throat is of some value; intense redness of the fauces suggests scarlet fever in a child and syphilis in an adult, while pallor, especially of the soft palate, is suspicious of diphtheria. In the latter disease the tonsils are often, though by no means always, covered with a false membrane, and in scarlet fever there is usually some ulceration of the tonsils. Later on, the appearance of the eruption in scarlet fever, and of the heart symptoms or paralysis in diphtheria, give additional evidence, but it is desirable to make a diagnosis before these stages if possible.

We can, however, take a swabbing from the tonsils, and see what organisms can be grown after incubation, and in some cases it is possible to see characteristic organisms in a smear from the swab itself, which may be of very great value in the detection of diphtheria, for instance.

In discussing treatment we need only concern ourselves with the methods of relieving the symptoms connected with the inflammation of the throat, as the appropriate treatment of scarlet fever, diphtheria, and syphilis does not fall within the scope of this article.

The first point is to see whether we can do anything in the way of killing the organisms that are responsible for the tonsillitis. Now, though many of these are situated on the surface of the tonsils and mucous membrane of the mouth, very many more have penetrated into the interior of the tonsil itself; if one examines under the microscope a thin slice of a tonsil which has been removed during the attack of inflammation, one sees that the whole of its substance is studded with microbes. It is obvious, therefore, that we cannot kill the majority of the germs by anything whatever applied to the surface of the tonsils, whether it be painted or sprayed on, or even rubbed in. Moreover, the microbes that are loose on the surface can be removed just as well by simple washing. To talk about killing deeply seated organisms by means of a spray or lozenge is unscientific, and fit only for the dividend-hunting advertisements of a patent medicine company. Mild antiseptics are useful—very useful, in fact—as mouth washes, because they make the patient more comfortable and keep his tongue and mouth clean. The disadvantage of lozenges is that the drugs they contain either

have very little action at all, or, if they are sufficiently antiseptic or soothing to have any effect on the throat, must also be swallowed in the saliva, and reach the stomach, where they are apt to be distinctly harmful and to interfere with the process of digestion. In practice we regard the patient's own leucocytes as the best germicide in tonsillitis.

We want, however, to allay the pain, which is sometimes so extreme as to interfere with the proper taking of food, and it is then often advisable to paint the tonsils with a solution of cocain or menthol, or both, just before the nourishment is administered. Apart from this necessity, the best way of soothing an inflamed tonsil is to steam it by allowing the patient to inhale, either from a proper inhaler or from that very efficient substitute, a jug of hot water surrounded by a folded towel. Personally, for the reason given above, I feel very doubtful whether any local application whatever has any effect on the duration of an attack, but there can be no doubt as to the comfort of a mouth wash and an inhalation. If an abscess forms in or around the tonsil, it is best to evacuate the pus by an incision.

Internally, it is desirable to relieve the general malaise during the acute stage, and it may be sometimes necessary to alleviate the pain of a headache. The temperature itself is seldom sufficiently raised to require interference, but if it should be, cold or tepid sponging of the skin is the best remedy.

For the general malaise, salicylate of soda in small doses is useful, while others prefer quinine. Perspiration may be encouraged by acetate of ammonia or spirit of nitrous ether. Later on, tonics are useful, and a change of air, if only for a week-end, is of great value, especially in the variety of tonsillitis known as hospital throat.

#### STREPTOCOCCUS VACCINES IN SCARLET FEVER PROPHYLAXIS.

Dr. W. H. Watters reports in the *Journal of the American Medical Association* the results of immunizing a number of nurses in the contagious department of the Massachusetts Homœopathic Hospital by administering hypodermatically a polyvalent streptococcus vaccine. During two years but one case, and that a very light one, occurred among a number of nurses who received vaccines, while among a considerably smaller group under identical conditions and environment five times as many cases occurred and these not particularly light. The idea was suggested by a paper written by a Russian, Gabritschewsky.

## OUR PRIZE COMPETITION.

### DESCRIBE THE MODERN SYSTEM OF TREATING AND NURSING PNEUMONIA.

We have pleasure in awarding the prize this week to Miss Edith M. Rogers, Holly Bush, Hamworth Road, Hampton, Middlesex, for the following paper:—

#### PRIZE PAPER.

There are two forms of pneumonia, or (inflammation of the lungs)—

(i.) Broncho-pneumonia.

(ii.) Acute or lobar pneumonia.

(i.) *Broncho-pneumonia* is a combination of bronchitis and pneumonia, and is most commonly met with in aged people and children.

The patient should be kept at rest in bed, in a warm and well ventilated room (temperature 65 degrees). Light, nourishing diet given. The temperature and pulse recorded every four hours. Keep a steam kettle going.

A pneumonia jacket should be made for children, to keep the chest warm. It should be large enough to cover the entire chest and back, having tapes each side, which are tied under the arms. An aperient will be ordered if the bowels do not act regularly. The sputum should be saved for the doctor's inspection.

(ii.) *Acute Pneumonia*. If one lung only is affected, it is spoken of as single pneumonia; if both lungs are diseased, it is then termed double pneumonia.

The patient should be kept absolutely at rest, and on no account be allowed to sit up or talk, as the great danger of acute pneumonia is failure of the heart. This is denoted by a steady rise in the frequency of the pulse rate, or the appearance of lividity about the lips, ears, or beneath the finger-nails.

The patient should have abundance of fresh air, and wear a flannel nightdress. An oil lamp may advantageously be used in the place of gas.

A light, stimulating diet may be given, consisting of milk, beef tea, cream, and broths, with iced water or lemonade to quench the thirst. The temperature and pulse rate should be recorded every four hours, and the sputum saved for the doctor's inspection. If the temperature remains high, ice poultices or ice bags applied to the inflamed portion of the lung give relief; or linseed jacket poultices applied every four hours. In case of relapse, the doctor will probably order stimulants, such as strychnine, alcohol, and ammonia.

The crisis usually comes about the end of the first week, and if delayed beyond the ninth day the case is critical.

#### HONOURABLE MENTION.

The following competitors receive honourable mention: Miss Bertha Bottomley, Miss Mary Thompson, Miss S. Simpson, Miss A. M. Ashdown, Miss M. Farmer, Miss P. Macfarlane.

Miss Bottomley writes: The clothing must be as light as possible but quite warm. A jacket made of gamgee tissue, and fastening down the side, should be worn next the skin. The bedgown should be of flannel if possible, made open down the back, and fastened at the top to prevent unnecessary movement of the patient. The feet must be kept warm by carefully protected hot-water bottles. The bowels will require careful regulating. The tongue and mouth should be kept clean by swabbing out with glycerine and borax before and after each feed.

Miss S. Simpson points out the importance of skilled nursing in cases of pneumonia. Attention must be paid to the ventilation and temperature of the room. The temperature should be evenly maintained from 60 degrees to 65 degrees Fahr. The patient should never be allowed to sit bolt upright. Never let him get out of bed. Every want should be anticipated. Do not select a position for him; let him choose his own. In cases where there is dyspnoea he should be carefully and gently propped up with pillows. After the crisis he will need every attention and careful feeding. He has come through a very critical and exhausting period, and will need a very nutritious diet to support the strength.

Miss Ashdown says that cases of pneumonia should be treated as infectious. The symptoms to watch for are pain, dyspnoea, heart failure, delirium, pyrexia, hyperpyrexia, sleeplessness. The sputum should be disinfected and burnt after inspection. The elimination of toxins is procured through the skin, the bowels, and the kidneys. The skin must be kept clean and active, the bowels kept freely open by means of saline laxatives, the kidneys assisted by drinking plenty of water or lemonade. Vaccine is sometimes given, and in some cases has been thought to hasten the crisis.

Miss Farmer remarks that the administration of oxygen at an early stage of the disease, and before dyspnoea and cyanosis appear, is now often ordered with markedly good results. Patients feel the benefit of it, and do not as a rule object to it. If necessary the action of the heart is assisted by cardiac stimulants, such as strychnine and really good brandy.

#### QUESTION FOR NEXT WEEK.

Give some information on the training of infants.



## THE RIGHT HON. R. C. MUNRO FERGUSON, P.C., LL.D., M.P.

### A FRIEND OF TRAINED NURSES AND THE SICK.

It is with great pleasure that we are able to present to our readers the accompanying portrait of the Right Hon. R. C. Munro Ferguson, P.C., LL.D., M.P. The picture is taken from a portrait recently presented to Mr. Ferguson on his semi-jubilee as Member of Parliament for Leith Burghs.

The nursing profession owes much to Mr. Munro Ferguson, who each year, from 1905 onwards, has introduced the Bill for the State Registration of Trained Nurses into the House of Commons, has accompanied deputations to the Prime Minister and the Lord President of the Council in support of registration, secured the use of Committee rooms in the House of Commons for Conferences on the question, besides balloting for the Bill. He has also by his influence with other Members secured much support within the House which would no doubt carry the Bill through a successful second reading if time were only granted by the Government for its consideration.

For some years Mr. Ferguson held a commission in the Grenadier Guards, but an inherited taste for politics quickly declared itself, and in 1884 he was elected Member of Parliament for Ross and Cromarty.

After leaving the Army Mr. Ferguson in 1886 acted as private secretary to Lord Rose-

bery, whom he accompanied to India, and there met Lady Helen Blackwood, the daughter of India's great Viceroy, Lord Dufferin, to whom he was married in 1889. No reader of this journal needs to be reminded of the charm and eloquence of Lady Helen Munro Ferguson. Her brilliant speeches and articles in support of their professional enfranchisement are too well known and appreciated by them.

In March, 1894, Mr. Ferguson became a Junior Lord of the Treasury, and was one of the Whips during Lord Rosebery's Government. For many years he has been Provost (Mayor) of Kirkcaldy, and both in Parliament and in his own constituency he has gained wide respect. It is a great asset to the Registration cause to have secured the active support of so influential and deservedly popular a Member of the House of Commons.

The position of the Nurses' Registration Bill now is that in the House of Commons it is backed by members of every party in the House, and that, through the Central Committee for the State



THE RIGHT HON. R. C. MUNRO FERGUSON, P.C., LL.D., M.P.

Registration of Nurses, of which Lord Ampt-hill is Chairman, it has the support by delegation of the British Medical Association, the Matrons' Council of Great Britain and Ireland, the Royal British Nurses' Association, the Society for the State Registration of Trained Nurses, the Fever Nurses' Association, the Association for the Promotion of the Registration of Nurses in Scotland, the Scottish Nurses' Association, and the Irish Nurses' Association; thus in England, Scotland, and Ireland doctors and nurses support one Bill.

## NURSING AND INTERNATIONALISM.

### THE CONGRESS AND NURSING EXHIBITION AT COLOGNE.

We all recognise that there is no nationality in nursing—that all the world over, of whatever creed, class, or colour the patient, the one essential between the nurse and humanity is that she should sympathetically prevent or alleviate sickness and pain. Thus the Triennial Meetings of the International Council of Nurses are calculated to emphasize this principle, and in consequence to create a bond of co-operation between the nurses of all nations, and to rub down insularities and widen narrow views of life generally. Nothing can be more beneficial to a class of women whose routine in life is somewhat circumscribed than to come in touch with quite new phases of thought and character.

The President of the International Council of Nurses—Sister Agnes Karll, of Berlin—is now in Cologne, shouldering the immense responsibility of the arrangements for the Meeting of the Council, International Nursing Congress, and Nursing Exhibition to be opened on the 4th of August next. We are glad to know there is to be such a large attendance of Matrons, Sisters, and nurses from this country, and that all the officers of the National Council of Nurses of Great Britain and Ireland intend to be present and support their German colleagues. It will be well to arrive at Cologne on the 2nd or 3rd August.

The Delegates will be entertained by the Municipality at a Banquet on the evening of the 4th in the historic Gürzenich, and on the morning of the 5th the Meeting of the International Council will be held in the same magnificent Hall. The Cologne ladies who are helping wish to present the Nursing Pageant in the evening of the 5th, so that at both the Banquet and Nursing Pageant Reception all those attending the Congress may come into social relations early in the week. Tuesday and Wednesday will be devoted to the Congress, and on Thursday the trip by steamer up the Rhine to Kaiserswerth, the cradle of Modern Nursing, will be made. Many questions of interest, especially to the German nursing world, will be freely discussed, of which overwork is one of the most serious. Mrs. Bedford Fenwick will present the Report for Great Britain and Ireland in the International Council Meeting. At the Congress Miss Mollett will deal with the Duties and Status of the Matron in the Training School. In Continental hospitals the Nursing Department is often under

the superintendence of a Military Director. A paper on Nurses' Hours of Work and Routine will be presented from various countries by way of comparison, and the Trained Nurse and Social Service will be comprehensively given by Miss B. Kent, who for months has been in communication with all sources of information on this most important development. Miss H. Hawkins has got together information concerning Preliminary Training in this country, which will be internationally tabulated by Miss J. C. van Lanschot Hubrecht, of Holland, the Secretary of the International Education Committee of the International Council.

### THE EXHIBITION.

This journal has been allotted prominent space at the Nursing Exhibition at Cologne, as the official organ of the National Council of Nurses of Great Britain and Ireland, and will be found an excellent medium for leading firms of advertisers who desire to come in touch with the National Associations of Nurses on the Continent, in India, and in our Dominions beyond the Seas. We intend to issue a Special Congress Number, which will be widely circulated.

Those who are happy enough to be able to attend the Cologne Congress have awaiting them a delightful social and educational reunion of the leading nurses of the world. Miss B. Cutler, Hon. Secretary of our National Council, will be pleased to advise those wishing for information. Address Assistant Matron, St. Bartholomew's Hospital, E.C.

## THE SCOTTISH SOCIETY OF TRAINED NURSES.

The Scottish Society of Trained Nurses—membership of which is open only to trained nurses—have fully justified its formation, judging from applications for entrance and the active interest shown by members. A promising feature of the Society is its representative character, which has already brought into the Council wide experience and varied nursing opinion, which cannot fail to bear fruit among educated and thoughtful nurses.

The following ladies have honoured the Society by their acceptance of Honorary Membership:—Miss Macfarlane, late Matron, Victoria Infirmary, Glasgow; Miss Logan, late Matron, Royal Infirmary, Perth; Miss Sandford, late Matron, City Fever Hospital, Edinburgh; Miss Pauline Peter, late General Superintendent, Q.V.J.N.I.; and Miss Wade, late Superintendent, Scottish Branch Q.V.J.N.I.



## THE CRÈCHE OF THE WEST LONDON MISSION.

"Well begun is half done" is a proverb we should do well as a nation to bear in mind; we then would surely take greater care of the tender child life in our midst, and aim at the ideal that

every child should have a good start in life—good food, cleanliness, warmth, and plenty of sleep until it is five years old. It is not a great deal to ask of a nation professedly Christian, and yet, though the State provides free education for the children of school age, it so far does nothing to ensure that these children shall arrive at this age with well-nourished bodies, and brains capable of assimilating the knowledge offered to them. Yet in the first five years of life the constitution of the future citizen

is to a great extent determined, and in our midst a child population lacking in stamina, stunted in growth, rickety in body, and often mentally deficient, is growing up, upon whom, in later life, we shall spend huge sums in voluntary and State hospitals, in homes and asylums, in the endeavour to care for and cure maimed bodies, when a fraction of the

money so spent, if used for preventive work in the first five years of life, would render this costly provision largely unnecessary, and enable the nation to breed a healthier, happier, saner, and better people.

So private endeavour here and there steps in just to show what can be done, and if any one wishes to become practically acquainted with

an agency which is doing an incalculable amount of good in this direction, a visit to the Crèche of the West London Mission, at their Central Institute in Kingsway Hall, Kingsway, London, will speedily convince him of the need of this work.

Arrived at the sixth floor, we are cordially received by Sister Hope, who, from its small beginnings, has spent over twenty years in this beneficent work. One large airy room is devoted to the tiny children, and equipped with sixteen cots. Very smart they look ena-



THE CARETAKERS.

melled in green, with bright brass knobs, and quilts in a restful tone of green. On the practical side we note that the sides, which are higher, and thus safer than usual, drop down with the greatest ease, that each mattress is first encased in a washable cover and then protected by a large mackintosh, that the pillows have jaconet covers, and that tiny pillows



support the bottle within easy reach of the baby.

In a second room are the older children, for they are received up to five years old and over, and these children have kindergarten lessons every morning from 10 to 12 from a trained teacher. In the afternoon between 2 and 4 little stretchers are placed on the floor, and each child, covered with a rug, is quickly asleep. One has only to note the tired, relaxed little bodies to realize what a boon it is to children—who, in their own crowded homes, or the room which passes for home, wake early and go to sleep late, with the life of adults seething around them—to have this quiet daily sleep.

It is a busy life for the sister and nurses, but a very satisfying one. The children are received from eight a.m. to eight p.m., for the mothers must earn money. No one knows this better than Sister Hope, who adds to her many duties the work of a Poor Law Guardian, and who contends that in the present state of the labour market the women *have* to work. In many cases they are the only wage earners of the family.

The problem of the care of the children while she is at work is one which besets many an anxious mother. Our illustration of "the Guardians" shows one—most unsatisfactory—method of dealing with it; another is to take the babies to "minding shops," where the financial side of the bargain is often more strictly enforced than the "minding." What a change for the better it is for the babies to be admitted to the "Screechy," the usual maternal rendering of the alien word *crèche*. Here the clothes of each child are removed and placed in the disinfectant on arrival, and it is bathed and dressed in the clothes provided. Sets of these little garments, each including all needed for the use of one child, are stacked on the shelves of a well filled cupboard. The tiny babies are bathed in their own room. For the older ones there is a bathroom, with a small bath raised at a convenient height from the floor, so that the backs of the nurses are not unnecessarily strained. All these children have to be ready by 10 o'clock for the kindergarten teacher, but the babies' baths go on till 11.30. At twelve comes dinner, many of the children having to be spoon fed, and besides, there is an influx of older school children, for Sister Hope keeps in touch with her babies as they are growing up, and many of those arrived at school age come in for a substantial midday meal. Then comes the nurses' dinner, and after that the afternoon routine begins, while preparation and administration of "feeds" for

the tiny babies mean continual work, and the washing of small articles and the mending for this large family leave few leisure moments for any one concerned, till eight o'clock sees the departure of the babies, dressed once more in their own clothes, for their respective homes for the night.

Mention must be made of the large flat roof, safely railed in, where in fine weather the children enjoy open-air life even in the centre of this great Metropolis.

It is a fine work, to the support of which the parents contribute one-third. The balance Sister Hope raises by an Annual Sale of Work, the Daisy Guild, each member of which collects £1 1s. annually, and through subscriptions and donations. She is open to receive many such.

MARGARET BREAY.

### PRESENTATION.

A very interesting and pleasing ceremony took place in the Outpatients' Hall at the Clayton Hospital, Wakefield, last week. The occasion was to celebrate Miss Pressland's tenth anniversary as Matron of the hospital and the whole of the resident staff joined in a Cinderella dance. As the clock struck twelve and the 10th of April dawned, the Assistant Matron, Miss Hind, called upon the guests to give three ringing cheers to their Matron, after which Sister Gaskell, who has herself been a Sister at the hospital for nearly ten years, presented Miss Pressland with a beautiful silver rose-bowl on an ebony stand from "Her Sisters and Nurses past and present." Then Ethel, who has been head cook for many years, presented two handsome silver vases from the domestic staff and porters.

Very surprised and somewhat embarrassed, but in a wholly charming manner, Miss Pressland delivered her thanks and the evening ended very brightly by all joining in the "Country Dance." Refreshments were served in the Consulting Room, which had been turned into a café and was gay with flowers and plants.

### RESIGNATION.

Miss Marian Measures has resigned the position of Matron of the Herefordshire General Hospital, Hereford, and her term of office will expire on the 30th of June next. The hospital contains 100 beds—and the term of training for nurses is a three years' course. Miss Measures will be greatly missed by her fellow workers.

### MEMORIAL.

A memorial has been placed in the chapel of the Royal Devon and Exeter Hospital, consisting of a cenotaph in English alabaster and Castellino marble, to the honoured memory of Miss Jane Johnson, for 27 years the devoted nurse in Halford Ward.

## LITTLE CUCKOO FLOWER.

Next week we shall publish the history, by Mrs. Bedford Fenwick, of Little Cuckoo Flower, and how she was gobbled up by a wild beast in Christian England.

## REAL INCIDENT COMPETITION.

### HAUNTED LIVES.

They are two old ladies who belong to the Early Victorian Age. They might almost be classed as anachronisms. One of them is my "case." She is what I have heard some unsympathetic nurses call an "uninteresting old chronic." But to me she is one of the actors in the last scene of a tragedy that is as full of pathos as many of the so-called great sacrifices which in many cases involved but a momentary struggle and then immediate triumph.

The bare facts, which might be immortalised by a Gaskell or a Mary Wilkins, are as follows:

Born in good circumstances in Early Victorian times these two girls had a most happy home life surrounded by friends. When they reached years of discretion they were told of a heritage of insanity which was potentially theirs. So far it had not shown itself in their or the previous generation. These two young girls then made a solemn compact between themselves never to marry, and so never to risk the carrying on of such a disease into another generation. They had never heard of eugenics. They were not broad-minded or well educated in our modern sense. They had never heard of Mary Woolstonecraft or the emancipation of woman. They quite imagined they were giving up all that life held for a woman and all that woman had to live for—an attitude of mind difficult to appreciate in the days of Margaret Macmillan, Cicely Hamilton, and Christabel Pankhurst. From then their life had nothing of greatness about it, but it was a continual secret struggle. They had many offers of marriage, which, to the mystification of their friends, they refused. Left to themselves, they lost their money through ignorance of business matters, the inevitable result of their training. Then they had spent their time in the struggle to earn a living by "genteel" means, such as fine sewing, teaching French, etc. When I saw them the inevitable had come, and for some years they had been in the workhouse.

But when the younger of the two women told me the story, as she sat by the bedside of her dying sister (who many years ago has

entered into her heritage), the eyes of the former gleamed with a look of triumph as she said, "Thank God we leave no children behind to lead haunted lives, as we have done."

Perhaps you will say their fear was morbid—that it in itself was enough to result in insanity. You might even say their self-abnegation was not necessary. But to me it seems the perfect sacrifice—it was not even for an ideal. It was for little unborn children of a never-to-be-born generation—Lamb's dream children.

Given that it was not necessary, that their fears were groundless, their sacrifice was still wonderful, for as I watched the elder pass through the "White Gate" of Michael Fairless, I thought of Anatole France's words: "*Ce qui importe dans le sacrifice c'est le sacrifice même. Si l'objet pour lequel on se dévoue est une illusion le dévouement n'en est pas moins une réalité, et cette réalité est la plus splendide parure dont l'homme puisse décorer sa misère morale.*"

FLORENCE M. BLOY.

### A PATHETIC INCIDENT IN THE EIGHTIES.

The charge nurse had gone off duty, and had left me these instructions: "Look well after poor dad in the corner bed. I fear he won't be alive when I come on duty!"

I had only been in hospital one week, and felt awestruck at these words, knowing all the responsibility would fall on me. I hoped he would live till seven; but in an hour he died.

The nurse on the landing helped me perform the last offices, then had to hurry off to her own wards, leaving me to send for the carriers (to measure for the coffin). When they returned and were placing the old man in it, to my horror I saw it was a shade too small, and the men were *actually* trying to save themselves trouble by forcing in the body. I sternly ordered the men to have the coffin changed for a larger one, but as they insolently refused, I threatened to go straight to the governor of the hospital and report them. These words acted like magic, and the poor lifeless corpse was carried to the mortuary in a coffin that fitted him. I never had any trouble with the carriers again, but I was hardly prepared for the gratitude which came to me from the other old daddies in the ward. What was happening had leaked out behind the screens, and one after another of the old shrivelled hands were held out, and blessings were showered on the new probationer, who was so plucky (they said), and would not let their old comrade be *crushed* into his coffin.

H. COLVIN.

## NURSES' MISSIONARY LEAGUE.

As we have already announced, the Tenth Annual Conference and Meeting of the Nurses' Missionary League will be held at University Hall, Gordon-square, W.C., on April 23rd. Nurses who come up from the provinces the day before to attend the Nursing and Midwifery Exhibition and Conference should note that the morning meeting of the Nurses' Missionary League opens at 10 o'clock, so that they could spend some time there before going on to the Royal Horticultural Hall. The meetings of the League are always interesting, and all nurses would be sure of a welcome.

The Nurses' Missionary League propose to raise a Memorial to the late Miss Kathleen Miller, in proof of its appreciation of her devoted work upon its behalf. It is intended that the money raised shall be given to the work that she had so much at heart—the cause of Medical Missions; and it is suggested to devote it to the new hospital at Onitsha, West Africa.

At the May Meetings of the various Missionary Societies to be held in London a cordial welcome awaits any nurses who are able to be present. The C.M.S. has made arrangements by which a block of seats shall be reserved for nurses in uniform at their meeting at the Queen's Hall at 7 p.m. on May 3rd.

## THE RELEASE OF NURSE PITFIELD.

Greatly to the relief of the thousands of readers of this journal and their friends, it was announced on Tuesday that Nurse Ellen Pitfield had been released from Holloway Prison, no doubt largely owing to the indignation upon the part of the public, which was bringing into the office of this journal an unprecedented demand for forms of petition to sign for her immediate release. To sentence a woman suffering tortures with incurable cancer to six months' imprisonment for a political offence has produced a profound sense of outrage in the public conscience, which the Home Secretary has been wise to placate without delay. Nurse Pitfield is now receiving every care and comfort in a Nursing Home, where everything is being done to minimise her sufferings by the most sympathetic and highly skilled nursing.

Mrs. Saul Solomon, a Holloway Prisoner, hastened the moment she was at liberty to sign the Petition in favour of the immediate release of Nurse Pitfield, and she has since sent the following note to this journal:—

Having won her golden spurs in many a glorious contest for Woman's Freedom, Nurse Ellen Pitfield has long enjoyed the confidence and affectionate regard of the Union. As a faithful and devoted servant of suffering humanity, Nurse Pitfield never spared herself in ministering to the sick and the needy, and she carried the same spirit of self-sacrifice into every Suffrage protest in which she took part.

It was her profound conviction that the grievances of women and children could never be properly redressed, nor any effective check be applied to the terrible White Slave Traffic until women were in a position to exercise their rights of citizenship by means of the vote.

In Holloway prison the mention of Ellen Pitfield's name has arrested many a murmur, and dried many a tear, for in the face of heroism like that of this dying woman our sufferings and privations seem to dwindle into nothingness. The simple suggestion, "think what *she* is enduring for the Cause!" changed indignant voices in a moment into deprecating tones of loving sympathy.

About ten days ago I caught a glimpse of her dear face at her cell window upstairs in the hospital. We were exercising up and down the terrace beneath when she called and greeted us. "We are all thinking of you: *so sorry for you!*" was our swift reply. The wardresses did not allow us to speak, as it is against the rules, and kept so close a watch that we dared not add more. Three days later I once again caught the flutter of a white hand at that open pane. Pausing for a moment, I exclaimed, "God is our Refuge and Strength!" It was indeed heartening to hear the warm response from the lips of our poor invalid. Since then, alas! we have been unable to enter into any communication with her and fear she has been too ill to approach the window. At times her irrepressible cries of agony have been heard ringing through the corridors of the hospital.

Is it not criminal to keep this heroic woman incarcerated? For the sake of their own reputation the authorities should have set her free weeks ago. "*I suffer for the freedom of all women!*" she said as she left the dock at the Criminal Court. We—her fellow-prisoners—earnestly call upon your readers to demand the remission of Ellen Pitfield's sentence for the honour of Christian England before it is too late."

We beg to thank all those kind people who responded to our demand for justice for this stricken woman, especially those matrons and nurses who have shown their love of mercy, and the courage to publicly plead for it.



## NURSES AND THE NATIONAL INSURANCE ACT.

We find many nurses have not made up their minds what to do about joining an approved society which is necessary for the majority of them under the National Insurance Act. They are hoping against hope that something will turn up, and that the Act will not come into force in July. We fear they are doomed to disappointment, as the contributions of working women are calculated upon to make the Act financially sound, and the cost of administration is going to be enormous. English, Scottish and Irish nurses are therefore taking steps to join societies which they will control, so as to make the best of a bad job.

Information concerning the English Society can be obtained from the Hon. Secretary, Miss Mollett, 431, Oxford Street, London, W.; the Scottish Society from the Hon. Secretary, 5, Kelvin Drive, Glasgow, W.; and the Irish Society from the Secretary, Irish Nurses' Association, 34, St. Stephen's Green, Dublin.

### AMEND THE ACT LEAGUE.

An organization has been started to agitate for the amendment of the National Insurance Act. It invites people of all parties and all classes to help in securing its object. The office is at St. Stephen's House, Westminster.

## THE IRONY OF FATE.

It is the irony of fate that the authorities of the London Hospital, who have always been foremost in opposing the demand of trained nurses for the protection of the public and the honour of their own profession, through the publication of a Register of Trained Nurses under State authority should themselves have been victimized by the fraudulent forging of their certificate.

At the Eye Borough Petty Sessions last Saturday, before the Mayor (Mr. H. C. Rowling) and other magistrates, Evelyn McCoy, stated to be the wife of the attendant on the infirm inmates of the Dudley Workhouse, was charged with offering her services to the Hartismere Board of Guardians on the strength of a forged certificate from the London Hospital. The prisoner pleaded guilty.

Mr. A. J. Whitting, who prosecuted on behalf of the hospital, stated that in reply to advertisements for the post of Charge Nurse under the Hartismere Guardians the prisoner filled in the usual form, and amongst the accompanying papers was the following type-written document:—

"This is to certify that Evelyn McCoy has attended the lectures in elementary physiology and medical nursing; also the lectures in elementary surgical nursing, and passed highly satisfactory

examinations. Evelyn McCoy has completed the third year in the service of this Hospital, in accordance with her engagement. During this time her work has been excellent and her conduct has been exemplary. She has also completed her full time in training in the medical and surgical wards of the Hospital, both day and night.—Eva E. C. Lückes, Matron; Sydney Holland, Chairman; W. J. Hadley, M.D., L.R.C.S., Physician; J. Hutchinson, L.R.C.S., Surgeon; L. E. Hayward, M.R.C.S., Examiner." The prisoner also sent testimonials from other institutions, and was summoned to attend before the Board and appointed conditionally. Reference to the London Hospital showed that no such nurse had ever been trained there.

The prisoner's statement was that the document had been given her to copy, and as she was very anxious to get work, having had none for twelve weeks, and being pressed for money, she used it in an unfortunate moment. She had been a nurse for eight years. Dr. Barnes, on behalf of the Hartismere Guardians, pointed out that the only evidence of *training* was the forged certificate.

Mr. Whitting said that, as representing a charitable institution he did not wish to press unduly the seriousness of the offence, but it could only be regarded as such.

The Mayor said that as there were no previous convictions against the prisoner the Bench were disposed to be lenient with her. They fined her £1 and costs; in default, 14 days' hard labour.

The Bench refused the application of the London Hospital for £13 19s. 3d. costs. The prisoner was removed in custody.

We cannot pretend to regret that the London Hospital did not obtain the costs for which it applied. For the last quarter of a century the authorities of the Hospital have strenuously opposed all efforts of trained nurses for the organization of their profession; and the publication of a State Register, such as nurses demand would be the strongest possible deterrent to such frauds as that now perpetrated on them, because criminals would be aware that their deception could be quickly discovered.

Moreover, the authorities of the London have for many years past made huge sums of money out of the earnings of their private nursing staff, nurses certificated after two years in the wards being sent out to the public, and thus deprived of the third year's experience in the wards considered essential to efficiency by every other hospital of repute in the kingdom.

Again, in fighting the nurses, the London Hospital has authorised the expenditure of charitable funds through the Central Hospital Council for London, for this purpose. Therefore, for any trouble which may be caused to the authorities by the lack of organisation amongst nurses they have only themselves to thank, and it is right that they should bear the penalty. Unfortunately, the innocent suffer as well as the guilty. The London Hospital certificate is not the only one which is forged. The case is typical.

## APPOINTMENTS.

### MATRON.

**Mastin Moor District Hospital, Derbyshire.**—Miss Ethel G. Evans has been appointed Matron. She was trained at the General Infirmary, Leeds, and has held the positions of Assistant Matron at the Taunton and Somerset Hospital, and of Matron at the Fever Hospital, Chorley.

**Upper District Hospital, Banffshire.**—Miss Mitchell, who for the last few weeks has acted as interim Matron, has been appointed to the post upon the resignation of Miss Murray.

### ASSISTANT MATRON.

**Renfrew and Clydebank Hospital Glasgow.**—Miss Isabel Harley Devlin has been appointed Assistant Matron. She was trained at Beawartlea Hospital, Yoker, Glasgow, and has held the position of Sister and Assistant Matron at the Borough Hospital, Bolton. She has also had experience of private nursing.

### CHIEF MATRON.

**Borough of Dewsbury.**—Miss B. Anderson has been appointed Chief Matron. She was trained at the Beckett Hospital, Barnsley, and the British Lying-In Hospital, Endell Street, London, and has held the position of Charge Nurse at the Beckett Hospital, and the Stockton and Thornaby Hospital, has done district nursing at Skelmanthorpe, and has worked on the Care of Children Committee in connection with the Medical Inspector of Children for the West Riding Education Authority. She has also had experience of private nursing.

### TOWN'S MATRON.

**Borough of Dewsbury.**—Miss Catherine Kershaw has been appointed Town's Matron. She was trained at the Royal Infirmary, Bradford, Yorkshire, and has held the positions of Charge Nurse at the Park Hospital, Lewisham, and Sister in Charge of the Smallpox Hospital, Burnley, Lancashire. She has also worked on the private nursing staff of the Victoria Nursing Home, Bournemouth, and done district nursing at Standish, Wigan, and Hove. She is a certified midwife.

### SUPERINTENDENT NURSE.

**Easington Infirmary, Durham.**—Miss Sarah Ann Dykes has been appointed Superintendent Nurse. She was trained at Mile End Infirmary and has held the positions of Surgical Nurse at the General and Eye Hospital, Swansea and Charge Nurse at the Eastern Hospital, Dundee.

### NIGHT SISTER.

**The Infirmary, Rochdale.**—Miss Emily Gibson has been appointed Night Sister. She was trained at the County Hospital, Lincoln, and has been Staff Nurse and Sister at the Coventry Hospital.

### SISTER.

**Tynemouth Union Hospital, South Shields.**—Mrs. Lizzie Witty has been appointed Sister. She was trained at the Poplar and Stepney Sick Asylum and for four years previously was at the East Riding Asylum, Beverley, Yorks.

**Boston Hospital, Lincolnshire.**—Miss Ellen Melling has been appointed Sister. She was

trained at the Bolton Infirmary and Dispensary, and has held the position of Staff Nurse at the Boston Hospital.

**Isolation Hospital, Rothwell, near Leeds.**—Miss Margaret Murray has been appointed Sister. She was trained at the Bolton Infirmary, and has also had special experience at the Rothwell Hospital, the Sunderland Eye Infirmary, the Blackburn Fever Hospital, and the Fazakerley Hospital, Liverpool, and has been Staff Nurse at the Warrington Hospital.

### CHARGE NURSE.

**Fusehill Workhouse Hospital, Carlisle.**—Miss Annie Black has been appointed Charge Nurse. She was trained at the Lurgan Infirmary, co. Armagh, Ireland; and has worked in connection with a medical and surgical Home at Liverpool.

Miss Christine Isabel Grant has also been appointed Charge Nurse. She was trained at the Dumfries and Galloway Royal Infirmary, in general nursing; and at the Simpson Memorial Hospital, Edinburgh, in maternity nursing.

### ASSISTANT COUNTY SUPERINTENDENT AND INSPECTOR OF MIDWIVES.

**Gloucestershire County Nursing Association.**—Miss C. A. Lee has been appointed Assistant County Superintendent and Inspector of Midwives. She was trained at Woolwich Infirmary, and has held the position of Charge Nurse at the West Ham Union and of Night Sister at the Central London Sick Asylum, Hendon, and at St. Olave's Infirmary, Rotherhithe. She has also been Queen's Nurse at Dansant, Manchester, Portsmouth, and Tipton. She has had experience of private nursing, and is a certified midwife.

### DIRECTRICE.

**Hôtel Dieu, Rheims, France.**—Mlle. Luigi, who was trained at the London Hospital, and who initiated nursing on the English system at Béziers, has been appointed Directrice at the Hôtel Dieu at Rheims. The hospital contains 1,000 beds and will be a most arduous charge.

### QUEEN VICTORIA JUBILEE INSTITUTE.

*Transfers and Appointments.*—Miss Jane Aitken is appointed to Watford, as Superintendent; Miss Ethel Emiss to Berkshire Emergency Home, as temporary Superintendent; Miss Lilian Neve to Paddington, as Assistant Superintendent; Miss Mand Brandreth to Watford, as Senior; Miss Sarah Bridge to Darwen, as Senior; Miss Marion Hall to St. Helier; Miss Katherine Candy to St. Helier; Miss Elizabeth Bousfield to Darwen; Miss Ethel Breckenridge to Bolton; Miss Rhoda Christey to Chelsea; Miss Violet Fenton to Isleworth; Miss Nellie Gilbertson to Glossop; Miss Ellen May Hall to Ryde; Miss Effie Barr Hamilton to Warrington; Miss Mary Hume to Glossop; Miss Eva Maguire to Soham; Miss Florence May to Stockport; Miss Elizabeth Paling to Grimsby; Miss Jane Palmer to Sholing; Miss Angelina Roberts to Altrincham; Miss Maud A. F. Williams to New Malden; Miss Jernie Younger to St. Helen's.

## NURSING ECHOES.

We are glad to hear that the Council of the Royal Free Hospital School of Medicine for Women have received the sum of £1,500 from an anonymous donor to clear off the debt upon the building in Brunswick Square. The Royal Free Hospital, as the only hospital in London where women can get a complete medical education, deserves to be generously supported by all those who claim the right of women to consult their own sex in sickness. It is, moreover, a very well and economically managed institution, and the system of nursing has of late been levelled up to a high standard under the superintendence of Miss R. Cox-Davies. The hospital is situated in a very poor district, and as one passes through the gateway from the busy Gray's Inn Road a very good impression is given by the garden effect of blooming flowers in tubs, and general order. The best seems to be made of everything in the fine wards and domestic offices. The beautiful little mortuary chapel—a peaceful place, where friends can see their dead alone, and which is in charge of the Assistant Matron, whose duty it is to personally attend to the care of the dead before burial—is shown with just pride, as one of those humanising arrangements in hospital management which mark a line of demarcation between the old style nursing and the new.

The League of School Nurses are holding a Fancy Dress Dance at St. Bride's Institute, Bride Lane, E.C., on Saturday, May 4th. The function begins early, at 7.30 p.m., and there are to be prizes given for the best historical costume, the best early Victorian costume, and the most original costume. Tickets cost 2s. 6d., which includes light refreshment. The School Nurses dances are usually most successful, and how it is done we cannot say, but a profit is usually made in support of their benevolent fund.

Our readers will find in our advertisement columns a notification of vacancies for certificated nurses in the Brussels hospitals, in connection with which a new school of lay nurses has recently been inaugurated. It is essential that applicants should be able to speak French or Flemish. To any trained nurses with these qualifications, work in the beautiful city of Brussels, and the opportunity of helping the new movement for the thorough training of lay nurses should have many attractions. All information may be obtained from M. le Direc-

teur, Hospital of St. John, 52, Rue Pachéco, Brussels.

The Nurses' Social Union has called a meeting to discuss the question of altering the name of the Society, which will be held on April 25th at 12, Buckingham Street, Strand, at 4.30 p.m. Although only members may vote, other nurses will be welcome to attend.

The officers of the Union are very busy preparing for the conference and health exhibition to be held in Bristol in June, for which all the railways will issue tickets at reduced fares. We shall give further information next week.

Miss Purvis, the Lady Superintendent of the Middlesbrough Nursing Association, and her staff of seven nurses received well merited praise from the Mayor at the annual meeting, especially for the work done in connection with the prevalent distress in the borough. During the year there had been 1,324 new cases, and 31,561 visits had been paid.

The Countess of Dudley has accepted the Presidency of the Kidderminster District Nursing Association, and in doing so expressed her gratification that they had made it a civic affair, for the ideal of citizenship was the recognition of common obligations and responsibilities with regard to the interests of the community.

The inauguration of the bush nursing scheme and the investiture of Nurse Quatreman with the beech leaf badge as nurse in charge at Meeniyen, was performed last month by Lady Denman.

Lady Denman addressed a meeting in the Town Hall at Leongatha, and said it must make all the difference for the peace of mind of the people in the neighbourhood to know that skilled attention and nursing were at hand if they or their children were ill. To her mind one of the chief advantages of the scheme was that it was not charitable, but co-operative. All must admire the courage of Lady Dudley, who, in spite of personal sickness, started this scheme, and would be pleased to know that it was being carried out by Dr. Barrett and the members of the committee. Every nurse on entering upon her duties was presented with a badge, the emblem of which was a beech leaf, chosen because the first nurse was installed at Beech Forest. She had much pleasure in presenting Nurse Quatreman with the badge and wishing her every success and happiness in her work.



Her fellow members on the R.N.S. will be glad to know that Miss L. S. Huggins has safely arrived at Robben Island and taken up her duties in the leper compound. All is different from expectations—yet Miss Huggins writes that she has the most interesting work, as she is in charge of the surgery, the operating theatre, and the observation room. The patients—mostly Hottentots, Malay, or Kaffir—have their wounds attended daily in the surgery or “dressing-room.” “Our patients,” writes Miss Huggins, “are a pitiable sight—they crawl into the room many of them without feet, or with limbs amputated below the knee; without hands—yet they help themselves and can tie knots in their “footlaps” with fingerless hands and the assistance of their teeth. They are usually very merry and irresponsible, and sing comic songs while awaiting their turn. . . . I was, soon after my arrival in Robben Island, very much bitten by mosquitoes, so I do not think I shall need to be inoculated with leprolin, for doubtless they had previously had a feed on the lepers, as they raised great nodules on my arms such as I have never seen before, though mosquito bitten in France and Ceylon. I wear long gloves at night, but have worked with bare arms in the day; others here they do not bite, but prefer the blood of an English woman”!

Thus cheerfully do our English nurses suffer risks and discomfort in pursuance of duty. Let us hope the fine old pioneering spirit will ever be ours.

### THE ARMY NURSE CORPS, U.S.A.

Miss Jane A. Delano, R.N., has resigned the position of Superintendent of the Army Nurse Corps, U.S.A., an important post she has chosen to relinquish so that she may do voluntary work for the Red Cross. The *American Journal of Nursing* says: “The value of having at the head of the corps a person who is a leader in organisation life has been so demonstrated by Miss Delano’s service that in appointing her successor the Surgeon-General has felt it was necessary at this time to select a woman equally well known to the nurses of the country, and has selected Miss Isabel McIsaac, R.N. Her experience in hospital executive work and her personal touch with hundreds of nurses through her extensive travels as Inter-State Secretary of the American Nurses’ Association have made her the best-known woman available in the nursing ranks to carry forward this most important department of the medical service of the nation.”

Both these able and charming women are well known to members of the International Council of Nurses, and if anyone could minimise the loss

to Army nurses in America of so fine a superintendent as Miss Delano, who has made the dignity and well-being of the corps her first consideration during her term of office, it is the appointment to succeed her of Miss McIsaac, who is, without doubt, not only one of the finest administrators, but one of the most popular women in the American nursing world.

### THE PASSING OF MISS CLARA BARTON.

A most notable personality has passed away by the death at the age of 91, of Miss Clara Barton, President of the American Red Cross Society (which owed its foundation to her energy) from 1882 until 1894. Perhaps the best description of her in the fewest words is that given by herself, when called upon for a speech at the first representative Congress of Women, held at Chicago during the World’s Fair, in 1893. Miss Barton, then an old lady, was asked to address the meeting, when, in her fascinating way, she deprecated her inability to make speeches, but asked the delegates present to tell their countrywomen how deeply interested she was in all their splendid work for humanity, saying, “Do not forget to tell them that Clara Barton has an international heart.”

It was during the American Civil War that Miss Barton first began her great life’s work by establishing a bureau in Washington to help the search for missing men, the graves of over 12,000 soldiers being identified. She also aided the sufferers in the Franco-German War. At the request of President McKinley she carried relief to Cuba during the Spanish-American War, and subsequently gained the honour of special mention in the Presidential message to Congress. Miss Barton has also been honoured by many Continental nations, including Germany, Turkey, Spain, and Russia.

### REFLECTIONS.

#### FROM A BOARD ROOM MIRROR.

Queen Mary and Queen Alexandra head the list of patrons to the *matinée* in aid of the funds of the Great Northern Central Hospital, to be given at the Finsbury Park Empire on May 16th. Princess Louise and the Duke of Argyll have definitely promised to be present.

At the annual meeting of the governors of St. Peter’s Hospital, Henrietta Street, Covent Garden, it was stated that Mr. F. A. Bevan had acted as treasurer for 46 years.

The King has sent a present of cast linen to the Chelsea Hospital for Women. Gifts of soft old linen are of the very greatest use in hospital work.

## THE HOSPITAL WORLD.

### THE ROYAL INFIRMARY, EDINBURGH.

The accompanying picture gives some idea of the architecture, plan, size, and fine position of the Royal Infirmary, Edinburgh, which has sent out into the world so many medical practitioners and nurses who have done honour to their training school, having carried out, and handed on to others, the lessons they learnt there besides adding to its lustre by original work of their own.

The Infirmary, which is built on the pavilion plan, has the advantage of being surrounded on all sides by an abundance of fresh air. The breezes from over the Forth, laden with the

Registration of Nurses, which has the support of the authorities of the Infirmary, can be applied with equal facility and advantage to the Nursing Department, just as the medical practitioners connected with the institution work under the regulations of the General Medical Council, to the mutual benefit of all concerned.

A visit to the Royal Infirmary must be of great interest to anyone interested in the care of the sick, for all the numerous departments of general and special work are well defined in an institution of this size; the special features adopted in each are thus seen to the best advantage. Every visitor must be struck by the completeness of the provision for the administration of baths of all kinds. This department is well worth a visit. The hot air baths can be



THE ROYAL INFIRMARY, EDINBURGH, FROM THE MEADOWS.

ozone which has such a recuperative effect on the sick and ailing, must give new life to the patients lying out on the balconies on to which all the wards open, and the pleasant meadows at the back of the Infirmary secure to it that space and light which in London are so difficult of attainment, though so all important. Edinburgh may indeed be proud of its Infirmary; and, on the nursing side, under the able supervision of the Lady Superintendent, Miss A. W. Gill, R.R.C., its reputation is likely to be not only maintained but extended. The Infirmary is so large as to be to a great extent self-contained, and it has its own laundry, in which the large number of women constantly employed come under the control of the Factory Acts. This general supervision by the State seems to work very well, and in days to come it will no doubt be found that an Act for the State

applied to any part of the body needing treatment without subjecting the patient to the somewhat tiring exertion—to those who are weak and ill—of a full bath.

Miss Child has started from Basutoland on her homeward journey. She will be in England in May, and brings with her up-to-date nursing notes from South Africa for the Cologne Congress. So far there has been little attempt at nursing organization there; but some day let us hope a move will be made towards building up a National Association of Nurses, so that the nurses of that great continent can attend the International gatherings of nurses in a representative capacity. In the meanwhile we are grateful to Miss Child for coming from far Basutoland to bring greetings to Cologne.

## THE NURSING AND MIDWIFERY CONFERENCE AND EXHIBITION.

On Tuesday, April 23rd, the Fifth Annual Nursing and Midwifery Conference and Exhibition will be opened at noon in the Royal Horticultural Hall, Westminster, and will remain open until Friday, the 26th inst.

The Exhibition will this year include new features, as, in addition to the trade exhibits, various sections have been organized by trained nurses and others.

Nursing Handicraft will be found at Stand 10B, just opposite Stand 11B, where THE BRITISH JOURNAL OF NURSING, which has organized that section, is placed. The three Prizes will be awarded, the £7 7s., £4 4s., and £2 2s. for complete sections, and the £1 1s. consolation prizes for part sections. Amongst those who are competing are: (1) Maternity, Miss M. O. Haydon, General Lying-In Hospital. (2) The Head, Miss Macfarlane, Matron, Royal Ear Hospital, and the Leicester Infirmary Nurses' League. (3) The Abdomen, the Digestive Tract, Miss Rundle, Miss Cooper, and Miss H. M. Miller, Royal Free Hospital. (4) The Abdomen, Kidneys, and Bladder, Miss Furley, Matron, St. Peter's Hospital for Stone. (5) Gynaecological Nursing, Miss Riddell, Matron, Chelsea Hospital for Women. (6) Splints, Nurses from St. Bartholomew's Hospital, and Miss Robertson, Matron, Lord Mayor Treloar's Cripples' Hospital and College, Alton; and (7) Bandages, Mrs. Lakin, of St. Bartholomew's and the London Hospitals. Miss Mary Harvey, R.N.S., and several others have entered single articles of nursing handicraft.

Other special departments of the Exhibition include The Modern Nurse: Her Life and Work; Nursing Inventions and Ideas; The Health Work of Voluntary Societies; A Radium Room; Scientific Kinematograph Displays, showing Nursing in the London Hospitals; A Model Day and Night Nursery; A Model School Clinic; and Model Sanitary Arrangements. There will also be a Midwifery Section, arranged by *Nursing Notes* and the *Queen's Nurses' Magazine*.

### THE NURSING CONFERENCE.

For the first time the Conference will include separate sessions on Nursing and on Midwifery, in both of which Papers of interest will be read and discussed. The following are amongst the questions which will arouse the most interest: On the 23rd, "How to Work up a Connection," by Miss E. M. Waind, Lady

Superintendent of Galen House Nurses' Co-operation, Guildford; "New Methods of Medical and Surgical Nursing," by Miss M. M. Park, Guy's Hospital; "Nursing as a University Subject," by Miss Rundle (Isla Stewart Scholar), Royal Free Hospital. On the 24th, "Branches of the Nursing Profession," by Miss C. Crowther, Q.V.J.I.; and "Nursing Ethics," by Miss E. M. Fox, Matron, Prince of Wales' Hospital.

On the 25th, "The Work of a Maternity Association and Mother Craft Club," by Miss Morgan; "On Preparing and Reading Lectures," by Miss du Sautoy; "Schools for Mothers," by Miss L. Odell Carter; and "Co-operation of Charities," by Miss Marsters, Q.V.J.I. On the last day of the Conference, the 26th inst., "Mental Nursing," by Miss Head, Matron, St. Luke's Hospital; "Eugenics" and "Psychology" are questions of absorbing interest, and in the last session Miss M. O. Haydon will tackle "Woman Suffrage" and Miss B. Kent "State Registration of Nurses," both burning questions which could well have been given places of precedence and time in which to do them some justice if they are to be discussed with any beneficial result, as both are fundamental to the well-being of Nursing, if it is ever to aspire to become a recognised well-disciplined profession, worthy of the life's work of the highest type of women.

Suffrage and Registration will, no doubt, as they always do, crop up constantly throughout the Conference, as they are both based on the principle of the free exercise of conscience in our spiritual, corporate, and professional life—and life to women nurses is merely a miserable makeshift without such State recognition.

### THE MIDWIFERY CONFERENCE.

In the sessions on Midwifery the following questions will be debated, and will no doubt attract the public as well as the profession:—

Some of the directions in which the Training of Midwives in the Methods of Infant Feeding may be improved.

The need of Co-operation between Health Authorities and Midwives on the question of Infantile Mortality.

Infant Feeding.

Midwives and the National Insurance Act.

Midwives and Prevention of Disease.

How to Start Midwifery Associations.

Those wishing to attend from the country should write at once, if they have not already done so, to Mr. Ernest Schofield, 22-24, Great Portland Street, London, W., for cheap railway and season ticket, enclosing 3d. in stamps.



**FIRST-CLASS FIRMS AT THE EXHIBITION.**

We can only briefly allude this week to the many interesting exhibits of firms which will be on view in the Royal Horticultural Hall, but the names of those we mention, and whose exhibits we hope to notice more fully next week, are sufficient guarantee that nurses and midwives can spend profitable hours visiting their Stands.

Stands 1A and 6A—**STEPHEN SMITH & Co.** On these Stands Hall's Wine, well known as a nutritive and readily assimilated tonic, will be found.

Stands 3A and 4A—**MESSRS. A. WULFING & Co.** At this stand Albulactin, which is proving so invaluable a substitute for mother's milk when added to diluted cow's milk, will no doubt cause much interest.

Stand 17A—**MESSRS. LEWIS & BURROWS** always have one of the most attractive Stands in the Exhibition. Amongst their surgical sundries the "Sister" thermometers are always favourites.

Stand 23A is that of **BOVRIL, LTD.** The popularity of this well-known stimulating food will certainly ensure to it many visitors.

Stands 25, 26, 29, 30, 31 and 32A have been secured by **MESSRS. GARROULD'S, NURSES' OUTFITTERS**, who are past masters in the art of exhibiting nursing requisites. The indispensable coat and skirt, well cut and moderate in price, is also a speciality of this firm.

Stand 35A is that of **MESSRS. QUIBELL BROS., LTD.**, whose Disinfectant Fluid, "Kerol," is attracting such widespread attention owing to its high efficiency and non-toxic properties. To judge from the interesting exhibits of this firm at the Ideal Homes Exhibition at Olympia, the Stand should be well worth a visit.

Stand 38A—**MESSRS. NEWTON, CHAMBERS & Co., LTD.**, are showing their Izal preparations, which have won for themselves a high reputation for high germicidal efficiency in practical use in all parts of the world. A great advantage is that it is efficient when used with hard water.

Stand 46A—Here **MESSRS. SOUTHALL BROS. & BARCLAY, LTD.**, will show their sanitary specialities which are always rightly so highly esteemed by nurses and midwives. Their accouchment sets have proved invaluable to thousands.

Stand 48A is that of **MESSRS. CADBURY BROS., LTD.**, of Bournville, near Birmingham. Their delicious chocolates are universally known.

Stands 54A and 47B—**HORLICK'S MALTED MILK Co.** Numbers of nurses and midwives will no doubt visit this Stand, as this pleasant and invigorating food, whether in its liquid or dry form, is always most popular.

Stands 1 and 2B have been secured by **MESSRS. ALLEN & HANBURYS, Ltd.**, who are showing their nursing requisites, "Allenburys" Foods, and other dietetic products. There is no firm which has a higher reputation for such exhibits, and the Stand is one which should not be missed.

Stand 11B—**THE NURSING PRESS, LTD.**, will be found in its usual position, and here the **BRITISH JOURNAL OF NURSING** and other professional publications will be on sale.

Stand 13B—**MESSRS. KEEN, ROBINSON & Co.** will show their valuable preparations, so widely

appreciated and used by nurses and midwives in connection with their work.

Stand 6B is that of **MESSRS. COLEMAN & Co., LTD.**, of Norwich, whose standard wine tonic, Wincarnis, is in the front rank of such preparations.

Stand 37B—Here **ROBB'S FOODS** which have a world-wide reputation will no doubt more than maintain it.

Stand 39B—**THE GAS LIGHT & COKE Co.** is always a favourite Stand, and in view of the recent coal strike should be of exceptional interest.

Stands 43, 44 and 45B—**THE MEDICAL SUPPLY ASSOCIATION.** This firm, always a favourite one with nurses, is this year showing maternity and nurses' bags of a new pattern, which are sure to attract much attention.

Stand 70—Here **MESSRS. CHARLES ZIMMERMANN & Co.** will show Lysol, their valuable antiseptic, so much appreciated by nurses and midwives as of practical value and utility.

**GLAXO** is to be found in the half Annexe B., and visitors will there be able to test the invigorating merits of a cup of this favourite beverage.

**WHERE TO BUY NURSING REQUISITES.**

Shopping in person or by post has a keen fascination for many nurses. We may remind matrons and nurses when replenishing their linen store to ask for Horrockses' sheetings. If they need surgical requisites there is no better selection to be had than from Messrs. Down Bros., 21, St. Thomas' Street, S.E. North of the Tweed those in the neighbourhood of 38, Elliot Street, Glasgow, should call on Messrs. Robert Young & Co., and ask for details of their ideal disinfectant Microbene. Book lovers would be well advised to secure "The Science and Art of Nursing," from the Waverley Book Co., 7 and 8, Old Bailey, while from Messrs. Charles Griffin & Co., of Exeter Street, Strand, they may obtain valuable additions to their professional library. Those who have not visited Messrs. Welford & Sons' Central Dairy Offices in Elgin Avenue, W., should make a point of doing so. Messrs. Wells & Co.'s establishment at 68, Aldersgate Street, is conveniently situated for uniforms at moderate prices. Madam May Dew, 96, Wigmore Street, W., will be glad to advise on the care of hair, skin and nails. Mr. W. Holland, 46, South Audley Street, W., will fit instep supports to aching feet. Midwives will find King's Patent Cooked Oatmeal, from the Albion Food Mills, Sycamore Street, E.C., a valuable ally. "Blakey's Original Malted Oatmeal," supplied by the Cereal Food Co., Lincoln, should be secured. Benger's Food, from the Otter Works, Manchester, is just the diet for an invalid at bedtime, and everyone knows the value of Scott's Emulsion of Cod Liver Oil (Scott & Bowne, Ltd., 10, Stonecutter Street, E.C.) during the spring months. Dr. Ridge's Food, Royal Food Mills, London, N., for infants and invalids, is one which has won for itself a wide popularity, and Racia Food, supplied by the Frame Food Co., Ltd., Standen Road, Southfields, S.W., is of proved efficiency in wasting diseases.

## OUTSIDE THE GATES.

### SOCIAL SERVICE.

The Territorial Force Nursing Service appeals strongly to women of patriotic temperament, as on organising committees, or as matrons, sisters, and nurses they can take an active share in preparing to assist in home defence should these shores ever be invaded by a foreign foe.

Lady Amptill, whose portrait appears on this page, who has recently been appointed a member of the Advisory Council of the Service, has already shewn her patriotic interest in the efficient care of the sick both at home and in our Indian Empire, where, during the time that Lord Amptill was Governor of Madras, she proved her sympathy with the needs of nursing in India by founding the institute bearing her name for the purpose of supplying trained nurses to private patients needing their services.

Lady Amptill, who is a daughter of the sixth Lord Beauchamp, and a sister of the Lord President of the Council, is a Lady-in-Waiting to the Queen. Considering the interest taken by Lord Amptill in the question of State Registration of Nurses, it is natural that Lady Amptill should be an honoured Vice-President of the Society founded to obtain this reform. Nurses will never forget how, when in 1908 the Central Hospital Council for London sprang its Nurses' Directory Bill upon them in the House of Lords, Lord Amptill most chivalrously came to their rescue and secured the rejection of the second reading, following up his victory by introducing the Nurses' Bill into the House of Lords and brilliantly piloting it through all its stages. Ever since that time he has taken the warmest interest in the promotion of State Registration of Nurses, and is at present Chairman of the Central Committee formed with this object.

In addition to her other distinctions, Lady Amptill was awarded the Order of the Crown of India in 1899 and the Kaiser-i-Hind Gold Medal in 1906.

Some disquiet is expressed over the condition of the Kaiserin. Her Majesty, who is much beloved

by the German people, began a prolonged "cure" at Bad Nauheim last week at the sanatorium of Dr. Gröbel, whose specialty suggests that the Empress has gone to Nauheim for heart treatment. Her Majesty will remain under her specialist's care for at least five weeks.

Women know far too little about the horrors of the White Slave Traffic. If they knew more they would do more to prevent it. The public meeting on the subject to be held at the Grand Hall, Criterion Restaurant, on April 26th, at 8 p.m., should attract many nurses. It is organised by the Men's Society for Women's Rights. Dr. C. W. Saleeby and Miss Abadam are both wonderfully enthusiastic and eloquent speakers, who cannot be listened to without carrying conviction as to the demoralization of this most criminal traffic in the bodies and souls of innocent girls.



THE LADY AMPHILL. C.I.

Early next year the Girls' Friendly Society hopes to establish a hostel which will provide girls and women with a home and good food at very moderate prices. A site near Victoria Station will be chosen, as it is thought that proximity to the Continental terminus will be of great convenience to girls coming from abroad to take up work in England. One feature will be a waiting room for girls coming up to town by the workmen's trains in the

early morning. There will also be a restaurant open to non-residents in the hostel, where low prices will be charged.

Women clerks and secretaries are urged to realise that if they want to make the best of the Chancellor's Insurance scheme—always with the hope of getting it eventually amended in the direction of a useful pension scheme (with a possible unemployment fund)—they must join an "approved" society, formed and controlled by members of their own profession. Such a society is now being formed by the Association of Women Clerks and Secretaries, whose committee hope to be able to publish the rules and scale of benefits at an early date, of which Miss Ruth Young is chairman. The secretary of the association, at 8, Buckingham Street, Strand, will be pleased to answer any inquiries.

## BOOK OF THE WEEK.

## "FIRE IN STUBBLE."\*

No lack of interest or plot or charm is there in this latest work of Baroness Orczy. Intrigue and love, when skilfully mixed, make very pleasant reading, and the pen which sets them forth is an adept in both these matters.

The story sets forth how that Rose Marie, the only and lovely daughter of M. Legros, the wealthy Court tailor, had, in infancy, been espoused to one Rupert Kestyon, himself a child of tender age. Fortune's wheel, in his case, turned from poverty and obscurity to wealth, and the honourable position of Earl of Stowmaries. He had not seen his child-bridle since his espousals, and on reaching manhood conceives the dastardly plot of freeing himself from this union, by persuading his cousin Michael to personate him when he is called upon to ratify his engagement, and claim his bride. He then purposed to get his marriage annulled, on the score of his wife's faithlessness. Therefore, it may be seen, that there is ample material of interest.

The mock nuptials are concluded with a dance in the workshop of M. Legros, tailor-in-chief to His Majesty the King of France.

"The couples fell back one by one, panting against the wall, while only one pair remained in the centre, now twirling and twirling in a cloud of dust. The man's head was bent, for he was over-tall, and towered above every one else in the room. He was a head taller than she was, but he looked straight down at her, as he held her, straight into her eyes—those beautiful blue eyes of hers, which he had thought so cold.

"How it all happened afterwards she could never say. She had been dancing with her lord, looking up into his face, glowing with ardent love. She was still so dizzy, with the frantic whirl of the dance, that she hardly remembered being lifted into the saddle, and landed safely in the strong arms of her lord. In the forefront were papa and mamma, half laughing, half crying, waving hands and mopping tears. . . . No other ride had been just like this one. Just one slight shifting of her lissome body, to settle more comfortably—one little movement, which seemed to bring her yet a little nearer to him.

"Is it well with you, my snowdrop?" he asked." Wild and lawless Michael, who had undertaken this base deed for gold, is caught hopelessly in the toils of sweet Rose Marie, but he is yet determined not to lose his prize. "I am a man, and what I do I do." Papa Legros, on being informed of the trick that has been practised on his child, pursues the couple hotly, and brings back his idolised daughter the same evening.

So Michael's punishment begins. His love for Rose Marie transforms him from a reprobate to a chivalrous gentleman (rather too miraculously

we are inclined to think). After a series of events of the most exciting character, we cannot help being somehow glad when they are once more re-united, though, at the same time, we feel that it is all quite wrong that a man of Michael's character should be whitewashed in this romantic fashion. His trial as a Papist and traitor is most dramatically told, and Rose Marie's evidence that he was with her on the dates in question saves his head from being exhibited at Tyburn.

Michael, frantic at this public smirching of her fair name, with a cry as that of a wild animal wounded to death, bounded forward to where his snowdrop stood.

"My lord, my lord!" he cried, "will you not stop this desecration of the holiest thing on earth?" He had sunk on one knee, his arm still around the form of his beloved. No one would have dared to touch him then, for he was like a wild beast defending its mate. . . . The splendid blackguard, the reckless adventurer was only a humble lover now." H. H.

## COMING EVENTS.

*April 23rd.*—Nurses' Missionary League. Tenth Annual Conference and Meeting, University Hall, Gordon Square, W.C. 10 a.m. to 9.30 p.m.

*April 23rd to 26th.*—Nursing and Midwifery Conference and Exhibition, Horticultural Hall, Westminster, S.W. Opening ceremony, 12 noon; conferences 2 to 4 p.m., 5 to 7 p.m., 8 to 10 p.m. daily. Exhibition open from 12 noon to 9 p.m. daily.

*April 25th.*—Annual Meeting, Association of Inspectors of Midwives, Royal Horticultural Hall, Westminster, S.W. 11 a.m.

*April 25th.*—Special meeting of members of the Nurses' Social Union to consider the desirability of change of title. All nurses welcome. 12, Buckingham Street, Strand, W.C. 4.30 p.m.

*April 26th.*—Guy's Hospital Nurses' League. Tenth Annual Meeting and Fourth Annual Dinner. Annual Exhibition Nurses' Photographic Society.

*April 26th.*—Men's Society for Women's Rights. Public Meeting. "How Votes for Women will Affect the White Slave Traffic." Chairman, Mr. Joseph Clayton; Speakers, Miss Abadam, Dr. C. W. Saleeby, M.D., F.R.S.Ed. Grand Hall, Criterion Restaurant, Piccadilly Circus, W.

*April 26th.*—Northumberland and Durham Midwives' Association. Lecture on "Ethics in Midwifery," by Dr. H. Kerr. Council Chamber, Town Hall, Newcastle-on-Tyne, 7.30 p.m.

*April 29th.*—League of St. John's House Nurses' Meeting and Social Gathering, 12, Queen Square, W.C., 3 p.m.

*April 29th.*—Central Midwives' Board Examination, London.

*May 6th.*—Medico-Psychological Association. Preliminary Examination.

\*By Baroness Orczy. Methuen & Co., London.



## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

## PRIVATE NURSES AND NATIONAL INSURANCE.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—I have, since the passing of the National Insurance Act, had some opportunities of learning which points private nurses working on their own account find difficulty in satisfying themselves upon. I have found that few are not fully aware that generally speaking a nurse is liable to be compulsorily insured unless she earns over £160 per annum, or is in receipt of an income (independent of her own exertions) of £26 or over per annum.

Your editorial remarks under a letter on the above subject in the issue of the 6th inst. deal with one of the points in question, "How should the employer's contribution be obtained?" It is satisfactory to know that you advise the charge to be made in the weekly account, for, when asked the question I have replied, "Enter 3d. per week against employer's contribution National Insurance in the account you render your employer." "But," some have argued, "3d. is such a small sum, should we not just pay it ourselves." This seems a very questionable position for nurses to put themselves in, however, and they will be judicious to avoid it. If for any reason a nurse is anxious to save her employer 3d., she is quite at liberty to reduce her fee of say, £2 to £1 19s. 9d., charging the extra 3d. under the head of National Insurance; but she is not legally empowered to exempt her employer from paying his or her National Insurance contribution, an obligation probably as binding as the payment of any other tax.

I am,

Yours faithfully,

E. A. STEVENSON.

Hon. Secretary the Scottish  
Society of Trained Nurses.

Bay View, Johnshaven,  
Kincardineshire,

## A PRIVILEGE TO SIGN.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—With "Rhoda Metherell" I too consider it a privilege to sign the petition for the release of the prisoner "dying of cancer in prison." As a nurse of the sick and one who considers where sickness and suffering are concerned there is neither sex, nationality, politics, nor any law but that of sympathy, it seems almost incredible that any member of the nursing sisterhood should hesitate to sign a petition for mercy

for a prisoner (even if she was a criminal), especially for one who belongs to a branch of our own profession. I regret, however, that in attempting to get signatures to the petition I have been astonished at the cold-blooded manner in which some of my colleagues have refused to appeal to the Home Secretary for the release of Nurse Pitfield from prison, especially when it is realised that the term of six months' imprisonment is vindictive in the extreme, even if the prisoner was in good health. On the other hand, the general public, both men and women, sign willingly, and express the deepest indignation at the brutality with which this poor woman, dying of the most painful disease in one of its most agonising forms is being punished during the last months of life. If hospital discipline and training are responsible for eliminating spontaneous sympathy and a love of mercy from professional nurses, no wonder we so seldom hear a good word for the members of our cloth from the general public.

Sick people do not need automata, but the ministrations of merciful, sweet and tender women, who do not blindly and expediently cling to the letter of the law where life and death are concerned. Please send me fifty more Petition Forms.

I remain, dear Madam,

Gratefully yours,

MARION S. TURNER.

Brighton.

[We endorse every word of this humane letter.  
—Ed.]

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—I, as an Australian citizen, wish in some way to express my indignation at the treatment of the English women fighting for what is their right. I have collected sixty signatures from among my friends, who, when hearing the case of Nurse Pitfield, feel the same horror with which I myself am filled; I hope these names will be of some use to you, for *everything* ought to be done to get this sick woman released.

Sincerely yours,

E. HOARE.

Wymering Mansions,  
Maida Vale.

[Since this letter was received Nurse Pitfield has been released. We are not surprised that an enfranchised Australian woman should be horrified at her treatment.—Ed.]

## SOCIAL PURIFICATION.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR EDITOR,—The friends of Miss Geneviève Cooke, who was the first editor of the *Nurses Journal of the Pacific Coast*, and has been prominent in nursing organisation on the Coast, will not be surprised to learn that, in addition to her nursing interests, she is throwing herself heart and soul into the wider work of women in California, where the recent

victory for suffrage has given a vast impetus to movements for political and social purification. Miss Cooke is now the treasurer of the California Civic League, a non-partisan State organisation founded last November in response to the demand of newly-enfranchised women for some means of preparing themselves to use the ballot intelligently. The motto of the League is, "Study and Service." Among the questions it proposes to study are the Unprotected Girl and the Social Evil. Miss Cooke has long been intensely absorbed in the new crusade against the social evil, and has done much to bring forward this piece of work for women.

Let those who are blind to the relation between the political degradation and the sex degradation of women ponder the following words uttered by Mr. Clayton Herrington, of the United States Department of Justice, in an address before a San Francisco Club in January of this year. He recited the horrors of the underworld, and said: "I appeal to the women of California—mothers whose daughters may, for aught they know, be doomed to this fate—I appeal to them to vow in the name of their womanhood and in the name of their motherhood that these crimes against the lives and souls of their children shall no longer be tolerated. THEY HAVE VOTES NOW, THEY HAVE POWER NOW: *those who administer public affairs will now give them gracious audience, they will listen and give heed to what the womanhood of California may say.*"

L. L. DOCK.

Fayetteville, U.S.A.

#### NEW LAWS FOR THE PROTECTION OF ANIMALS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—It may be of interest to your readers to note that the year 1911 has seen the passing of three new Acts of Parliament, all of importance. The most comprehensive of these is the "Animals' Protection Act," which, although mainly a consolidating Act, marks an advance in several particulars of some importance. The second legislative measure of first-rate importance is the inclusion in the "Mines Act" of some very definite and much-needed regulations with reference to the treatment of ponies in mines, and the placing of these under Government inspection. This will do much to mitigate a great scandal; and were this reform the only one achieved, it would be enough to make the year a memorable one in the annals of animal protection. The third is the "Poultry Act," the object of which is to protect poultry from unnecessary suffering while being conveyed by land or water. This was greatly needed, and should produce good results. On the whole, we have much cause to congratulate our sub-human friends on the year's campaign on their behalf.

ERNEST BELL,

Editor, *The Animals' Friend*.

York House, Kingsway.

#### REPLIES.

*Enquirer, Malvern*.—It is of the first importance to train in a hospital, in which the experience is varied and extensive, and of which the nurse training school is of good standing, with a course of not less than three years. It is well to decide fairly early in your training on the branch of nursing which you hope to take up ultimately, and to bend your energies to acquiring knowledge which will help you in that special work.

*Miss Evans, York*.—It is quite open to you to make your own arrangements when attending the International Congress of Nurses at Cologne; or if you prefer to apply to Miss Mollett, Rose Cottage, Three Cross, Wimborne, for information as to the party she is organising. All trained nurses will be welcomed at the Congress, but only the delegates of National Councils can vote at the business meetings of the International Council.

#### NOTICES.

##### OUR PRIZE COMPETITION FOR APRIL.

*April 27th*.—Give some information on the training of infants.

##### WHERE TO GET THE B.J.N.

If unable to procure THE BRITISH JOURNAL OF NURSING through a newsagent, the manager desires to be informed of the fact. Copies can always be procured at the offices, 431, Oxford Street, London, W., and through Messrs. W. H. Smith & Son. In Scotland from Menzies & Co., Glasgow; and in Ireland from Fanning & Co., Dublin.

##### NEW SUBSCRIBERS.

The Editor hopes that every reader, who values THE BRITISH JOURNAL OF NURSING, will get one or more new subscribers—so that its constructive work for the profession may receive ever increasing support.

It is the only journal which demands efficient educational and economic standards for trained nurses through an Act of Parliament, providing for their State Registration.

##### STATE REGISTRATION OF TRAINED NURSES.

Full information as to the movement for the State Registration of Trained Nurses, and application forms for joining the Society can be obtained from the Hon. Secretary of the Society for the State Registration of Trained Nurses, 431, Oxford Street, London, W.

##### THE ISLA STEWART ORATION PAMPHLET.

The Isla Stewart Oration Pamphlet with Portrait can now be obtained from THE BRITISH JOURNAL OF NURSING Office, 431, Oxford Street, London, W. Price One Shilling.

##### OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper. Only the most reliable firms are accepted by the management.

# The Midwife.

## THE MOTHER INSTINCT.

The mother instinct, in which the nursing instinct and the love of the midwife for the babies in her charge have their foundation, finds expression in many ways. Little girls love their dolls, while their brothers dislike and ill-treat them, and still more are they enraptured by the birth of a little brother or sister, because the instinct of every true woman to care for and shield the young, the helpless, the defenceless, tugs at their hearts. For this reason also the nursing of the sick will always remain largely in the hands of women. Here and there men are found who possess the qualities necessary for a good nurse, but the patience, the tenderness, the deftness, the particular form of endurance required of nurses are, as a rule, much more highly developed in women than in men. It would be strange were it otherwise.

The accompanying picture, it will be admitted, is a charming illustration of the love and care which many girls bestow upon any helpless living things which come within their sphere of influence, a characteristic which should always be fostered by their elders, for not only does a love of animals show a

generous, warm-hearted disposition, but the regularity with which their wants must be attended to is excellent discipline, often demanding self-sacrifice, and thought for others. Who can doubt that the subject of the picture will find her vocation in the future in some branch of work in which the mother instinct finds expression? She is cut out for it.



*Reproduced by permission from the "Foreign Field."*

### MOTHERLESS.

Indeed the mother instinct lies enshrined deep in the hearts of girls all the world over of all races and colours. The writer well remembers two little released slave girls being sent by the Government to an African Hospital to be cared for, and badly they needed care. Emaciated, dirty, suffering from ulcers, and with other evidences of neglect, they were far from attractive, yet nothing they could do for them seemed too much to the native nurses in the ward—girls but a few years older than themselves. "Once we were as they are,"

said their new friends, and indeed a remembrance of the horrors of the slave track, a remembrance which darkens the life of many an African child, had probably something to do with the cordiality of their welcome, but the mother instinct was there, true, and tender, and strong enough to penetrate the consciousness of these neglected children, benumbed with ill-usage.



## NURSES—Please Note!

¶ As the result of experiments with regard to Barley Water, made recently at the County Analyst's Laboratory, Birmingham, it has been shown that by using

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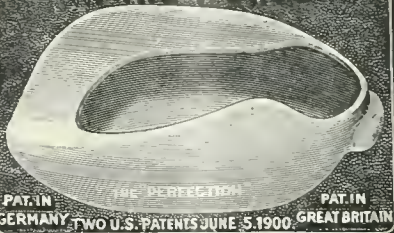
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**Largest Dairy in London.**



## THE POSSIBILITIES OF THE FUTURE.

It is slowly being recognized that, in the trained midwife, the nation has a social worker of the very greatest value. In the homes of the poorest she grapples with conditions which find the man of science helpless. He does his best in spite of them, the modern midwife brings order out of chaos, and leaves the patient and child clean and comfortable, her room in nursing order, and supervises, and gives directions for, its cleanliness. For let us claim here and now that, as a routine practice, the actual cleaning of the room is not the midwife's duty, nor is it desirable that she should undertake it. Her first duty is to keep her hands in a suitable and safe condition for the delivery of the patient, and emphatically hands which are roughened by manual labour, and continually engaged in turning out dirty corners, are not surgically safe; and a delivery, be it remembered, is a surgical procedure.

The only reason for expecting the midwife to combine her professional duties with those of a charwoman, as is the case with some associations training and employing midwives, is that the last ounce of service may be extracted from her before she earns the miserable pittance at which such societies appraise her services; for it is almost invariably possible to secure efficient help in this connection; and if the midwife is to keep herself in fit condition for her primary work, the efficient delivery of the mother, and her care and that of the child for the following 10 days, she should decline manual labour as incompatible with her main duties, which impose a severe physical strain.

Further, it is essential in the interests of the community that a professional worker of such value to the State should command a decent income, which at present she rarely does; as, if harassed and worried about money, and oppressed by sordid cares, her work cannot fail to be injuriously affected. Her impulses to keep abreast with the latest professional knowledge and the latest social movements are quenched by the daily douche of poverty, and the necessity for securing the necessities of life, and her mind is not free to consider the development of her work.

It says much for the heroism—yes, heroism—of the average trained midwife that under present conditions she has proved herself able to do so much for her patients, that she is a power for good in their homes, their trusted adviser and friend. These facts serve to indicate the potent force she might become under happier conditions, for her economic condition at present is notoriously disgraceful.

## THE DESIRABILITY OF LONGER TRAINING.

One of the first necessities for the development of the work of midwives is that they should receive a more thorough education for their work. In the opinion of many of those best qualified to judge, the time has come when the Central Midwives' Board should require a longer training of candidates, and raise the standard of its examination. Hundreds upon hundreds pass this examination every year, but what is needed is quality, not quantity. The period of training, not necessarily in hospital, of three months—a very usual term at present—may suffice when added to a three years' general hospital course; for a woman with no previous training it is quite insufficient, and a most experienced and successful teacher of pupil midwives recently told us that she felt much in the position of a farmer fattening Michaelmas geese for the market, and ashamed to make her pupils assimilate all the knowledge with which they must be crammed in a short three months—knowledge, moreover, which it is to be feared they largely forget once the examination which is the portal to the Midwives' Roll is safely over.

To raise the standard of examination would be beneficial in two ways. First, there would be the gain in thoroughness and sounder knowledge; and, secondly, the output would be limited, and there is no doubt that at the present time the output is in excess of the demand. Pupils who, with considerable difficulty and self-sacrifice, have saved (or borrowed) the sum required for their training fees and expenses, and pass out of their school with high hopes as duly certified midwives, frequently return later with their hopes dashed, and the oft-told tale of "no work." There is opportunity, therefore, to consider the quality rather than the quantity of the output.

## RECOGNIZED TEACHERS OF PRACTICAL MIDWIFERY.

And our last point is that some further qualification, or at least evidence of ability to teach, should be required of those midwives who are recognized by the Board for the purpose of signing the forms of pupils. Queen Alexandra's Imperial Military Nursing Service requires such evidence before Sisters can be promoted to the position of Matron, and nothing would have a more beneficial effect upon the quality of the practical instruction given to midwifery pupils than to require midwives desirous of recognition to demonstrate their fitness, by giving a model lesson before examiners appointed by the Board.



### UNCERTIFIED MIDWIVES.

For the last two years, the *British Medical Journal* remarks, the second paragraph of the first clause of the Midwives Act has been in operation. That paragraph provides that "no woman shall habitually and for gain attend women in childbirth otherwise than under the direction of a qualified medical practitioner unless she be certified under this Act. . . ." It is clear that the words of the Act "under the direction of a qualified medical practitioner" must be strictly interpreted: they distinctly imply that such direction shall be effective and given at the time of labour—the intention, in fact, would seem to be to permit an uncertified woman to act only as what is commonly called a monthly nurse. To what extent the practice of midwifery by uncertified women still goes on we do not know, but there is reason to believe that the Notification of Births Act has had some effect in embarrassing such law breakers, inasmuch as that Act requires any person in attendance on the mother at the time of birth to give notice in writing of the birth to the Medical Officer of Health of the district. The obligation on medical practitioners not in any way to countenance the practice of midwifery by uncertified women is both legal and moral, and we believe that it is almost universally accepted. There is, however, a danger that inadvertently a medical practitioner may so act as to render himself liable to a charge of aiding and abetting an unqualified midwife. The Council of the British Medical Association desires to warn members of the profession against this possibility, which could not be regarded otherwise than as a serious professional offence.

### THE EFFECT OF THE NATIONAL INSURANCE ACT ON MATERNITY HOSPITALS.

Recently when a deputation representing the Dublin Hospitals waited on the Insurance Commissioners, to put before them certain points as to the influence the Act is likely to have upon the hospitals of Dublin, Dr. Henry Jellett, Master of the Rotunda Hospital, as reported by the *Lancet*, urged an important point with regard to the maternity benefit. He shewed that at present some 3,000 to 4,000 patients a year are attended in the Dublin maternities for their confinements. At least as many more are attended in their own homes by the students and pupil nurses of the maternities. Under the Insurance Act the maternity benefit will only be paid to women who remain at home and are attended by a qualified practitioner or a certified midwife. This condition directly affects the great majority of the 7,000 women attended by the Dublin maternities. It will probably deter many from seeking the aid of the maternities, and not at all improbably may so deplete the hospitals of clinical material as to render obstetric teaching

difficult or impossible. Moreover, the women will not receive as good attention at home as they now do in hospital. The Master of the Rotunda urged on the Commissioners that they should make it clear to the women affected that in case they entered hospital the benefit would be paid in full to their dependents; and that in case of confinement at home attendance by a student or pupil nurse under the direct supervision of the hospital officers should be regarded as attendance by a qualified person. The question of the insurance of hospital employees, nurses, and probationers was discussed. The Commissioners promised to take the various points into consideration and to discuss them with the deputation at a later date. Another important question is whether the public will be willing—through taxation—to provide for the payment of the maternity benefit and, also, support the voluntary hospitals as liberally as it has hitherto done, in order to pay for clinical material for obstetric teaching, especially when it is by no means certain that this clinical material will be forthcoming. There is no doubt that the Insurance Act, when in operation, will have a profound effect upon the hospitals. Furthermore it is open to question whether lying-in women in Scotland and Ireland will have the right to be attended by midwives other than those on the Midwives' Roll published under the authority of the Central Midwives' Board in London. The term "certified midwife," used in the National Insurance Act, is that applied to a midwife registered under the Midwives Act, which is only in force in England and Wales. At any rate under Clause 18, Section (1) of the Insurance Act, it seems clear that medical practitioners summoned to the assistance of midwives can only recover their fees "as part of the maternity benefit" when "summoned in pursuance of the rules made under the Midwives Act 1902." The position of midwives only holding certificates of Scottish and Irish Hospitals is not defined by statute, and presumably therefore, like that of trained nurses, cannot be recognised, or dealt with under the National Insurance Act. If this is the case the sooner Midwives' Acts are passed for Scotland and Ireland the better, or serious injustice will be done both to midwives and medical practitioners in those countries.

### A TERRIBLE STORY.

It is reported from St. Petersburg that a young peasant woman after her confinement in one of the local hospitals in Irbit fell into a state of coma which the nurse in charge of the maternity section took for death. The "body" and that of the still-born child were taken to the mortuary chamber of the hospital and the door as usual was locked for the night. Next morning the woman was found dead of cold huddled against an empty stove, with her baby in her arms. She had wrapped up the baby in her sole garment, a nightgown.

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## EDITORIAL.

### A STORY OF HEROISM

Though like the wanderer,  
The sun gone down,  
Darkness comes over me,  
My rest a stone;  
Yet in my dreams I'd be  
Nearer my God, to Thee,  
Nearer to Thee.

*Mrs. George Adams.*

"When the *Titanic* took her final plunge the band lined up on deck, playing 'Nearer, my God, to Thee.'"

In sudden crises unsuspected depths of heroism are revealed, and to the honour of those on board the ill-fated *Titanic* it is recorded that, "with the knowledge of their deadly peril gaining greater power each moment over those men and women, the nobility of the greater part, both among the cabin passengers, the officers, crew, and steerage asserted itself."

Of all the stories of heroism told by the survivors, none has more deeply touched the world than that of the ship's band, who, well knowing that their moments were numbered, gathered together playing "Nearer my God to Thee." It sounded the passing bell of many souls besides their own, and who shall say how many stricken souls it comforted, how many last thoughts were directed in their last moments to things Divine, as the sweet familiar melody, with its message of faith and hope, floated over the dark waters in which men and women made a brave struggle for life till the icy hand of death touched them and gave them merciful unconsciousness. No nobler service could have been rendered by men in their last moments than that of the band of the *Titanic*, not only to the dying, but to the forlorn company in the sixteen life boats—all too few for the needs of the

monster liner when calamity overtook her—the boats where "women wept for their lost husbands and sons, and sailors sobbed for the ship which had been their pride, while men choked back their tears and sought to cheer the widowed." As the melody ceased on earth, and the instruments lay inert in hands stiffening in death, did it echo for them in Paradise, in harmonies surpassing all they had ever imagined? Surely the Master's greeting, "Well done, good and faithful servant," welcomed those heroes to "the joy of their Lord."

Of the disaster itself it is difficult to write, at present, we are crushed by its magnitude appalled by its horror. The bright lining of the dark cloud is found in the many stories of heroism both of men and women, beginning with the Captain, who when washed off the bridge swam back to his post and died as men and women would wish to die—on duty.

No class of the community will sympathize more keenly with the survivors, and with the widows and orphans of the dead, than the trained nurses of the world, for by reason of their profession, they are able to visualize more accurately than most, the sorrows and suffering the disaster entails, and it is certain that by none will assistance be more willingly rendered, than by nurses both in this country and in the United States of America, if they are able to shew their sympathy in a practical form.

To the relatives of some of those whose graves are in the deep Atlantic it may seem an added grief that they may not lay their loved ones to rest in their native land. Yet no grave is more secure than that is the bed of the deep ocean, where "peaceful stillness reigneth evermore."

"Far, far beneath, the noise of tempest dieth,  
And silver waves chime ever peacefully;  
And no rude storm, how fierce soe'er he flieeth,  
Disturbs the Sabbath of that deeper sea."

A \*

## MEDICAL MATTERS.

## MENINGISM.

An interesting paper on the above subject was read by Dr. A. E. Gow before the Abernethian Society and published in the April issue of the *St. Bartholomew's Hospital Journal*, to the editor of which we are indebted for permission to publish the accompanying illustration. Dr. Gow said, in part:—

In 1894 Dupré, a French physician, introduced the word "meningism" to denote a condition very closely simulating meningitis, but in which no demonstrable lesion of the meninges occurs. Met with not infrequently in patients, especially children, who are suffering from a severe and acute toxæmia, the condition tends to rapid recovery when the toxæmia subsides. The lecturer continued:

Whether cases of meningeal irritation are becoming more frequent I am unable to say, but as a fair number of such cases have recently occurred in this Hospital, and as the subject has not hitherto been discussed by this Society, I have ventured to bring it before you to-night.

The more prominent symptoms in this group of cases are great restlessness, headache, retraction of the head, and a cry; and the diseases in the course of which it has been met with are pneumonia, epilepsy, Addison's disease, diphtheria, erysipelas, tuberculosis, constipation, epidemic diarrhœa, helminthiasis, and chorea. It occurs, therefore, under a large variety of conditions, all of which, so far as it is at present known, are due to micro-organisms or other agencies which liberate virulent toxins, and it is doubtless to these toxins that the symptoms are due.

The condition has been most marked, perhaps, in some of the cases of pneumonia, a disease which may be complicated by pneumococcus meningitis, and it is obvious that a correct diagnosis is of the utmost importance with regard to prognosis. Meningitis is, fortunately, a rare, though

a very fatal, complication of pneumonia. Holt met with it twice in 170 autopsies. It may occur at the height of the fever or late in the disease. It may be quite latent, being only discovered in the *post-mortem* room, though nearly always it is ushered in by repeated attacks of vomiting, convulsions, a rapid rise of temperature, and



CHILD AET 8, WITH MENINGISM IN PNEUMONIA, WHICH RECOVERED.



irregular, jerky respirations, death taking place in about forty-eight hours. The exudate in such cases being mainly over the vertex of the brain, retraction of the head is not a prominent sign; this is of importance, seeing how common is retraction in meningism.

The main points on which stress should be laid in the different diagnosis between tuberculous meningitis and meningism at the onset of pneumonia appear to be :

(1) *The temperature.*—In meningism of early pneumonia the temperature is always high, 103 degrees to 105 degrees F. Such a high fever is very exceptional in tuberculous meningitis or in cerebro-spinal fever; while the relatively afebrile pneumonia met with in alcoholic and nephritic subjects, or in those with heart disease, is seldom accompanied by meningeal symptoms.

(2) *The position of the patient.*—In meningism the patient generally lies on the side, in tuberculous meningitis on the back. The facies of tuberculous meningitis is often quite distinctive, the child looking as if deep in thought, and there is frequently a slight unilateral ptosis.

(3) *The pulse* in "pneumonic meningism" is rapid but regular; in tuberculous meningitis it is apt to be slower and irregular.

Other minor points which may be taken into consideration are the diminution of the chlorides in the urine in many cases of pneumonia; the knee-jerks, which are often absent in tuberculous meningitis—though in pneumonia they may not be present from about the fourth to the ninth day.

Glycosuria, if present, would favour meningitis; it occurs in 30 per cent. of cases of the tuberculous variety, though generally not until the last week of the disease. The leucocyte count is not of much help, for it may be as high in tuberculous meningitis as in the early stage of a pneumonia.

Irregularity of the respiratory rhythm, especially if the intercostals and diaphragm do not contract simultaneously, is strongly in favour of meningitis; it does not occur in meningism.

As the case progresses the condition of the child becomes steadily worse in meningitis; but in meningism, though the symptoms are rapidly developed, they do not, as a rule, tend to become aggravated, and the prognosis is good.

Pneumococcus meningitis may, however, supervene on meningism in pneumonia.

*Tuberculosis* not uncommonly terminates by the dissemination of the bacillus, death

taking place with the symptoms of tuberculous meningitis.

These cases of tuberculous meningitis commonly last a day or two more, or a day or two less than three weeks.

Patients suffering from tuberculosis may exhibit symptoms of meningitis and yet recover, or in the event of death, no naked-eye lesion be found within the skull. It is highly probable that the cases of tuberculous meningitis which have been reported as cured belong to this class.

Finally, there is the question of micro-organisms. None derived from the cerebro-spinal fluid will be found in cases of meningism, either in films or in culture; while in meningitis the causal microbe may frequently be demonstrated by appropriate means in films or cultures.

With regard to special treatment there is very little to say. As the condition almost certainly depends upon toxæmia, the rational treatment is to hasten the excretion of the toxin by the kidneys and bowel; this may best be accomplished by the subcutaneous or intravenous administration of saline solution. This cannot, however, be lightly undertaken in such a disease as pneumonia, where a great strain is already thrown upon the right side of the heart; but if there is no marked cardiac dilatation saline may certainly be given. I have no experience of the value of antitoxic sera in this connection.

#### A NEW DISEASE.

*The Nursing Journal of India* refers to a strange disease which has manifested itself in Rangoon, which has been under the notice of Captain Whitmore, I.M.S. Police Surgeon and Pathologist in the Rangoon General Hospital. Some 35 cases are under his observation, in almost all of which the subjects were ill-nourished and emaciated, and resulted in many cases of chronic morphinism. A number of dead bodies revealed the presence of bacilli. At first sight the disease would appear to be simple bronchitis or broncho-pneumonia, but neither of these diseases was followed by complete prostration and collapse, which was an outstanding feature of the new disease. The principal symptoms noticed were :—

- (1) Typical bronchitis.
- (2) Broncho-pneumonia symptoms.
- (3) Playing fever.
- (4) Complete collapse, and
- (5) Multiple abscess of several organs of the body.

Further details of this strange disease will be looked for with interest.

## OUR PRIZE COMPETITION.

### GIVE SOME INFORMATION ON THE TRAINING OF INFANTS.

We have pleasure in awarding the prize this week to Miss M. K. Steele, Assistant Matron, St. Bartholomew's Hospital, Rochester, for the following paper.

#### PRIZE PAPER.

The training of the young, whether human or otherwise, is an undertaking of great responsibility. All thinking mothers realize this, and it is usually their honest endeavour to obtain a nurse who is patient, painstaking, and thoroughly in earnest to take care of their children.

In hospital the material is very different: there is usually no history of training at all, and a nurse's work is in every sense of the word more arduous than that of the nurse of the well-brought-up children.

It must be kept in mind always that the early training of the infant will remain all through his life—that cleanly habits, good manners, obedience, moral control, however hedged in with misrule and carelessness, can never wholly be forgotten, and therefore are not in vain.

That keynote of our little lives, Habit, is the narrow and straight path which we cannot enter early enough.

Woe to those who diverge from its boundary. Mankind has set up his tables of stone, and we must all perforce bow down and worship. Looking back, what are our very first remembrances? Probably to a great many of us prayer-time at our mothers' knees, or learning to read, or listening to the fairy tales which have coloured all our lives with kindness and whimsey.

And yet there are hundreds of the other details which, though forgotten, still exist in our behaviour to-day.

(i.) *Cleanliness*.—We must presume that Nature intended us to be cleanly in our habits, although the lower orders (with some exceptions) are not so. Fortunately, the young mind is easily moulded, and, with perseverance and method, even a child of one month old may be taught to be clean.

(ii.) *Good health*.—Methodical feeding, proper food and quantities, and the right way of giving same will in most cases insure the best of health in the child. Plenty of exercise and fresh air stands for peaceful nights and happy and contented days. Water and soap are necessary adjuncts to this scheme of fitness,

and the knowledge that garments for the infant must be light, warm, and loose.

(iii.) *Good manners*.—Inasmuch as the young mind is easy to train in the right way, it is also just as easy to pervert in the wrong.

Careless speech, meanness in little things, want of consideration to the elders, bad temper, untruthfulness, disregard for holy things are all to be guarded against and explained. A clever, inquisitive child wants to know, and it remains with his mother and nurse to tell him the reason why for and why not; otherwise he will learn from other sources, and will annex much he should not in the process.

(iv.) *Contentment*.—Under this last heading (for want of space) are grouped all the acquired good qualities of the child.

Teach him to share his pleasures, to help those not so fortunate as himself, to love the outdoor life of the birds and beasts and flowers, to rely upon his own resources—even when very young—and the child will in good time develop into a happy and useful member of that great social scheme of living of which we all produce a share.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss E. Beavis, Miss Mills, Miss Mackenzie, Miss M. Farrow, Miss M. Davis, and Mrs. Robertson.

Miss Mills writes:—

It is very important that infants should be brought up to a life of discipline, and not one which, from its earliest days, has never known self-control.

An infant should always sleep in a cot and not in bed with its mother. Never rock a baby to sleep. Bad habits such as rocking, carrying about, or, worse still, feeding at a time when the meal is not due, must never be commenced.

Infants should be fed regularly, and, if brought up by the bottle, the baby should be fed in a half-reclining position, with its head resting against its mother's arm. From the first, always get the child in the habit of finishing its meal, and then take the bottle away. Do not hurry; from fifteen to twenty minutes should be taken for each meal.

Many children in after life would have reason to thank their parents and guardians were these rules always observed.

#### QUESTION FOR NEXT WEEK.

What causes vomiting in early pregnancy, and what nursing care can be given to relieve it?

## THE CURRICULUM OF TRAINING SCHOOLS, AND THE UNIVERSITY OF AMERICA.\*

(Abridged.)

By MISS M. S. RUNDLE,

*Isla Stewart Scholar at Teachers' College,  
Columbia University, New York.*

Why go to America to study nursing subjects? Has America anything to teach us? We, who are the pioneers of modern nursing all over the world? Every one of us must be very familiar with some such expressions of opinion as these, and surely it is just such expressions that win for us from other nationalities the criticism of self-satisfaction and British complacency.

It was the League of St. Bartholomew's Hospital Nurses that, recognizing we had yet much to learn, thought there could be no more fitting memorial to its Founder, Miss Isla Stewart, than to raise a Scholarship Fund, whereby one or more of its members could be sent to study methods in that New World, and to avail herself of the course of Hospital Economics given to nurses at Teachers' College, Columbia University, New York.

It was my very good fortune to be the first scholar chosen, and I have been asked to tell you something of the curriculum of Training Schools, and of the University Course.

Firstly, let me tell you what prompted the American nurse to ask for a University Course, and secondly of the course itself.

The suggestion of a course of studies at a University is likely to bring incredulity into the mind of the average nurse. And we will wait expectantly to hear the old criticisms of the overtrained nurse—of too much theory and too little aptitude for practical work. Here I will quote a professor speaking on the subject:

"The University should be peculiarly interested in providing for the highest and most selective training of those who are to engage in the pursuits by which human life, human development, and human health are conserved.

"The future teacher, sanitarian, physician, and nurse should be among the especially chosen subjects of its educational care and culture, by virtue of the very nature and purpose of the offices they are elected to fill.

"To win for herself so fitting a place as the handmaid of modern and preventive medicine, to hold for herself her traditional place in the

ministry of human pain, the nurse of to-day can neither be too wise, nor too womanly, too trained, or too good."

In thinking of nursing in America to an English nurse, one word must be uppermost in the mind, and that is organization.

It is seen in all spheres of nursing, and the University course is only an outcome of this happy ideal.

The American Society of Superintendents of Training Schools—the name Superintendent corresponding to our Matron—was constituted to raise and protect standards of training, to advocate measures of various kinds for the improvement of nursing.

All important advances—such, for instance, as the extension of the course of training from two to three years, the shortening of hours of practical work, the abolition of money payment to students, the establishment of Preparatory Courses, all these emanated from that Society, and so did the impetus for the preparation of the Teacher and Administrator.

It had long been felt that the probationer in the Training School had a right to a more systematic, thorough training than she was getting. That the instruction should be given to probationers by qualified nurse teachers, and not by chance members of the medical profession, who could not be expected to know just what knowledge a nurse needed, nor even by nurses who had never qualified as teachers, or had shown any aptitude to impart knowledge. And so posts were offered in the largest and best hospitals for qualified Nurse Instructors, whose duties should be entirely to teach the nurses both theoretical and practical nursing. In these hospitals there would be Preliminary courses varying from six weeks to four months, in which the probationer would not work in the wards except under the direct supervision of her Instructor.

Their time would be taken up with classes of anatomy, physiology, bacteriology, hygiene, materia medica, history of nursing, ethics of nursing and of hospital, dietetics, cooking, bed-making, cleaning, making supplies, bandaging, and in all practical nursing treatment such as hot-air baths, hot and cold packs, cupping, etc. The need of class and demonstration rooms is evident for such a curriculum.

Miss Rundle then described the lecture-room, the supply-room, and the kitchen, and said that the class of probationers would be divided up into these different departments of practical work in turn, all uniting for lectures. Continuing, she said:—

It is obvious that the Nurse Instructor who holds this position is not of the bookworm type

\*Read at the Nursing and Midwifery Conference, London, April 23rd, 1912.



only, but has to be a thorough practical nurse, able to impart both theoretical and practical knowledge to intelligent girls.

Now one sees the need of some institution where a nurse can become qualified for all these branches of her work.

The course at Columbia University under the Directorship of Miss Adelaide Nutting meets that need, not only in instructing the nurse in these subjects, but in teaching her how to teach others; but this is one object of the course only, for those nurses desiring posts of administration there are special facilities. These include the study of food properties, economy in buying to procure the most nourishing with greatest variety, the cooking of food, institutional laundry work, everything concerning the buying and keeping of linen, testing materials by chemicals to detect fraudulent supplies, hospital construction.

(I would like to say here that it is recognised by most hospital architects that there is no one better qualified to assist in planning a hospital than the Matron who is responsible for the working of it, and her expert opinion is sought.)

Administration and organization, psychology. These, added to the study of the history and ethics of nursing, comprise a very useful and complete course.

All other branches of nursing are provided for—social work, district and school nursing, lecturing to mothers and to the public on all subjects of health, sanitary inspection, etc.

Besides this provision for the qualified nurse there are at two Universities preparatory courses for probationers, for four months, in which the probationer studies the subjects she would otherwise pursue in her preliminary course at the hospital. The term (for which she pays) is, by arrangement with the hospital, included in her period of training.

It is the ultimate aim of the pioneers to establish central schools on the same foundation as medical schools, with the use of various hospitals for practical work.

Thus it is hoped to simplify the problem of training in the smaller hospitals.

The greatest value of the University course is that it is the centre of the nursing profession, to which its members turn for visions of the ideal, and not only for visions, but for practical help and guidance. The ideals are written of, lectured upon, and freely discussed one day, and the next the nurse is taken out to a hospital to see things as they really are, and how the Superintendent is trying to meet the manifold handicaps and oppositions to those ideals.

And not only the profession look to the

University for help and guidance, but the medical profession and the public naturally turn to the centre, to the authority, for expert opinion on all matters concerning nursing and nurses.

What has made the hospitals so readily take up and encourage their nurses to qualify themselves in this way, to aim at such a high standard, even to promote scholarship funds, to enable their own nurses to take this University course? The reason is this—the State has passed laws regulating and standardizing the course of training. The school is responsible for the nurse's training, and must be registered as maintaining prescribed standards, before the nurses are eligible for admission to the State Examination.

The force of this is in a negative sense, as it leaves the school a free agent to act on its own initiative by applying for registration.

You will see it is impossible to speak of the curriculum of an American training school without coming face to face with Registration, for it is at the foundation of everything pertaining to the training of a nurse; it has given her the privileges of which we in this country have only dreamed.

## THE INTERNATIONAL COUNCIL OF NURSES AT COLOGNE.

As the result of Sister Agnes Karll's visit to Cologne on Congress business, a most representative local Committee has been organized. There are on it all the leaders of the different Women's Associations, the Medical Officers of the Municipal and Government Service, the head doctors of the Academy of Practical Medicine, and a large number of men and women of high social position in the city. As Sister Karll says, "it was a tremendous bit of work to see them all, and it is just once in a human life one dares to do such a thing. I hope everything will go off well now. So that every one can be invited, the Lord Mayor of Cologne has decided not to have an indoor fête in the Gürzenich, but that the Municipality shall entertain to a Reception and Concert in the Floral Town Gardens on Monday, 5th August, instead of Sunday, and that the Pageant and Conversazione shall be on Sunday, 4th, evening. All think this arrangement more becoming, as there is a wonderful organ in the Gürzenich, and the music can be suitable. They think it such an almost religious function that no one could object to attend it on Sunday."

## THE MATRONS' COUNCIL OF GREAT BRITAIN AND IRELAND.

A meeting of the Matrons' Council of Great Britain and Ireland was held at 431, Oxford Street, London, W., on Wednesday, April 17th, at 3 p.m. Miss Elma Smith, Matron of the Hendon Infirmary, was in the chair, in the regretted absence of the President, Miss M. Heather Bigg, and there was a large attendance of members.

### APPLICATIONS FOR MEMBERSHIP.

Applications for membership were considered and accepted from—

Miss Florence Haslam, Matron of the Women's Hospital, Castle Gate, Nottingham;

Miss Margaret Beatrice Vickers, Matron of the Bradford Incorporated Nurses' Institution;

Miss Bithia Dudley, Matron of the General Hospital, Loughborough;

Miss Melita Brundret, Matron of the Cottage Hospital, Fleetwood.

### THE TRAINED WOMEN NURSES' FRIENDLY SOCIETY.

In connection with the attitude of the Matrons' Council towards the Trained Women Nurses' Friendly Society, it was agreed that the Matrons' Council would do what it could to support the scheme. On the proposition of Miss Waind, seconded by Miss Cutler, it was further agreed that in the event of the National Insurance Act falling through and the Friendly Society not being needed for the purposes of the Act, it should nevertheless still be formed, as it was considered that such a society would be appreciated by many nurses.

### THE COLOGNE CONGRESS.

Miss Mollett then reported progress as to the arrangements for the Cologne Congress, and the names of a number of ladies who had already notified their intention of joining the party of 50 which she is organising.

The party will consist of members of the Matrons' Council and their friends, or ladies introduced by members. The price of a ticket will be £7, which will include second class railway and first class steamer fare to Cologne and back, full hotel accommodation at a good grade hotel for seven days, and the payment of all necessary gratuities. Fifty-six pounds of luggage are allowed to the German frontier, from that point 1s. is charged for every 20 lbs., which must be paid by individual members of the party, according to the weight taken.

Single rooms are not guaranteed, though every effort will be made to secure them, and friends wishing to share a room are requested to notify the Hon. Secretary.

Those intending to join the party are requested to send their names to the Hon. Secretary, Miss Mollett, Rose Cottage, Three Cross, Wimborne, on or before May 15th. A remittance of £2 must accompany all applications, as a deposit has to be

paid to the agent for each member of the party before the end of May. The remainder of the money can be paid either at the same time, or whenever convenient before July 15th. Tickets will be sent to each member of the party on or before July 30th, together with distinctive labels for the luggage. The route will be via Dover and Ostend, and carriages will be reserved for the party from Charing Cross to Dover, and from Ostend to Cologne. Members must be at Charing Cross Station not later than 8.20 a.m. on August 3rd. All members must travel out together, but may return at their individual convenience by the same route at any date within the limit of the ticket, *i.e.*, 26 days.

Tea was served at the conclusion of the meeting.

M. MOLLETT.

Hon. Secretary.

## THE IRISH NURSES' ASSOCIATION.

Miss E. Hanan has been unanimously appointed Secretary of the Irish Nurses' Association. Miss Hanan was trained at the Meath Hospital, and also holds the Certificate of the Incorporated Society of Trained Masseuses. She starts her duties on May 1st.

Dr. Hastings Tweedy gave an interesting Lecture on "Babies" to the members of the I.N.A. on the 15th. Miss Ramsden, Rotunda Hospital, occupied the chair, and Dr. Tweedy was heartily thanked at the close for his kindness.

Meetings of Provisional Committee for the Nurses' Friendly Society under Insurance Act are held every Wednesday at 8 p.m.

## APPOINTMENTS.

### MATRONS.

**Isolation Hospital, Cuddington, Surrey.**—Miss Annie Elizabeth Clack has been appointed Matron. Miss Clack was trained at the Royal Infirmary, Preston, and has held the positions of Charge Nurse at the Park Hospital, Hither Green, Matron of the Worthy Isolation Hospital, Sheffield, Assistant Matron at the Salop Infirmary, Shrewsbury, and Matron of the Borough Isolation Hospital, Crewe.

**The Isolation Hospital, Worcester.**—Miss Nida Glen has been appointed Matron. She was trained at the Royal Infirmary, Doncaster, and the Sanatorium, Hull; and has held the position of Charge Nurse, Night Superintendent, and Assistant Matron at the Sanatorium, Hull; and has also held the post of Night Superintendent at the Isolation Hospital, Norwich; and of Matron at the Isolation Hospital, Howden, Yorks; and Matron at the Isolation Hospital, Forest Hall, Newcastle-on-Tyne.

**Borough of Dewsbury.**—In connection with the appointments of Matrons under the Borough of



Dewsbury, we are asked to state that the resignation of the Chief Matron having taken place after the appointment of a Town's Matron—Mrs. Kershaw and Miss Anderson, whose appointments we notified last week, have been appointed joint Town's Matrons, neither is Chief Matron.

**Upper District Isolation Hospital, Dufftown.**—Miss Mitchell, of Aberdeen, has been appointed Matron, in succession to Miss Murray, resigned.

**Stephen Hospital, Dufftown.**—Miss M'Gaw, who has acted as interim Matron for some months, has been appointed Matron in succession to Miss Fraser, who has resigned the position owing to ill-health.

#### SISTER.

**City Hospital, West Heath, Birmingham.**—Miss E. Fulford has been appointed Sister. She was trained at the Salop Infirmary, Shrewsbury, and has held the positions of Staff Nurse at the Salop Infirmary, Shrewsbury, Sister at the Davenham Fever Hospital, Cheshire, and Charge Nurse at the Tamworth Hospital. She has also had experience of private nursing and is a certified midwife.

#### NIGHT SUPERINTENDENT.

**Victoria Hospital, Hull.**—Miss E. McComb has been appointed Night Superintendent. She was trained at the County Infirmary, Down, and has held the position of Sister at the Newcastle Sanatorium, Co. Wicklow. She is a certified midwife.

#### HEALTH VISITOR.

**Borough of Leigh, Lancashire.**—Miss Ann Gallimore has been appointed Health Visitor. She was trained at the Hospital, Mansfield, and has been Staff Nurse at St. Mary's Hospital, Manchester, where she has done Sister's holiday duties. She has also worked under the Leigh Borough Council as School Nurse. She is a certified midwife.

#### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received appointments as Staff Nurse: Miss E. M. MacSheahan, Miss A. E. Featherstonhaugh, Miss E. F. Stephenson.

*Transfers to Stations Abroad.*—Sisters: Miss C. T. Bilton, to Gibraltar. Staff Nurses: Miss C. M. MacRae, to Gibraltar; Miss F. Macpherson, to South Africa.

*Military Families' Hospitals.*—The under-mentioned appointment has been made: Miss E. F. Lowings, to Aldershot.

#### QUEEN VICTORIA JUBILEE INSTITUTE FOR NURSES.

*Transfers and Appointments.*—Miss Margaret Crowe is appointed to Wimbledon; Miss Sarah Bridge is appointed to Darwen, as Senior Nurse.

#### PRESENTATION.

Nurse Gollan, on the occasion of her departure for Calgary, has been presented by the Inverness Baptist congregation with a beautiful Bible. Nurse Gollan has been an active member of the congregation.

#### NURSING ECHOES.

It is an excellent sign in the registration campaign that the organizers of the Nursing Conference have found the greatest difficulty in obtaining an effective opposition speaker. As there is absolutely no argument against this much needed reform—nothing, in fact, but jealous intolerance of freedom of conscience and professional organization of trained nurses—this dearth of opponents in the open is hardly surprising.

The League Journal of the Hendon Branch of the Central London Sick Asylum Nurses' League, like its colleague of the Cleveland Street Branch, contains an excellent frontispiece of Dr. Hopkins, the Medical Superintendent of both asylums. The many good articles it contains shows that the League—under the able guidance of the President, Miss Elma Smith, and the Editor of the Journal, Miss A. E. Schüller—is keeping up-to-date and well in touch with professional matters. The International Council of Nurses and Nursing Congress, State Registration of Nurses, the Nurses' Registration Bill, the National Insurance Act—all are dealt with. It is satisfactory that, like most nurses' societies managed by their own members, it shows a balance—and that a substantial one—in hand at the end of the financial year. Much interesting news is given of the members, who appear to be carrying the good traditions of their school into all parts of the world, from Miss Ada Brown, the former editor of the journal, in New York, to Miss Winchester in Southern Nigeria. In short, the League seems to be living up to its motto, "Courage, Loyalty, Sympathy, Action."

Sir Charles Seely, who presided at the annual meeting of the General Hospital, Nottingham, in moving the adoption of the report, declared that everything during the past year at the Hospital had been absolutely and completely satisfactory. Sir Charles read an extract from a letter he had received that day from a patient who had just left the Hospital. "While life remains," he wrote, "I shall never forget the kindness of the nurses. They were simply a band of angels, and made me feel how pleasant it was to be ill in the General Hospital." Miss Gertrude Knight has been Matron at Nottingham for just twenty years, and is still devoted to the service of this splendid Hospital, which she has watched improved and perfected in every direction from year to year.

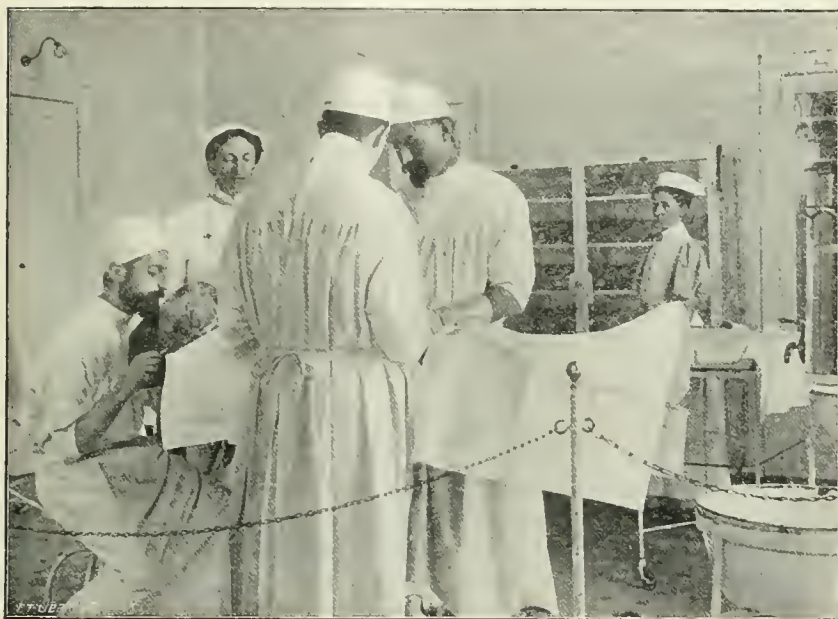


By the kindness of M. Ch. Heusquin, Director of the Hospital of St. John, at Brussels, we have received a charming brochure containing an account of the new Nursing School established by the *Administration des Hospices et Secours* of the town of Brussels, by the kind permission of which we are able to reproduce the accompanying illustration of an operation. We read that the school has been organized on the pattern of those of high reputation in other countries, notably in England and the United States. Its object is stated to be the training of certificated

The Duke and Duchess of Portland have consented to preside at a dinner in aid of the funds of the Queen Victoria's Jubilee Institute for Nurses on July 3rd, at the Hotel Cecil.

Visits paid by the nurses of the Brighton Branch of the Queen Victoria's Jubilee Institute numbered during the past 15 months 100,000.

A Conference of the representatives of societies affiliated to Queen Victoria's Jubilee Institute for Nurses was held in Dublin last week, to consider the advisability of establishing an Irish Central Committee to transact Irish routine business, and it was proposed that this Executive should be comprised of representatives of St. Patrick's Home, St. Lawrence's Home, Lady Dudley's Fund, and the Women's National Health Association of Ireland. Several persons present objected to the proposal — as they feared such a Committee would be influenced by politics and become recognised as part of the



AN OPERATION.

nurses, who are necessary to the efficiency of the hospital services in the city of Brussels.

How much good nurses might do in the world, if they had the cash as well as the skill to carry out their ideas, is illustrated by the use to which a nurse has applied the prize of £200 recently awarded in a competition by *Ideas*, Nurse Harris, the fortunate winner of the prize, intends to apply it to the establishment of a Model Day Nursery in the Potteries, for children up to five years of age, where so many women are employed in the pottery trade. Many of the babies are now put out to nurse in unsuitable places for lack of adequate provision. Now Nurse Harris hopes the mothers will avail themselves of a home where they will be well fed and well cared for.

Women's Health Association.

The Countess of Aberdeen said she thought there was some misapprehension as to the relations of the Women's National Health Association and the Jubilee Institute. It was the earnest wish of the Women's National Health Association to support the work of the Queen Victoria Institute nurses in every way.

Ultimately the question was referred to the affiliated Associations throughout the country to express their views for and against it.

The Conference next turned its attention to the position of district nursing and nurses under the National Insurance Act. Miss Amy Hughes, General-Superintendent Q.V.J.I., recommended that Jubilee Nurses should not be separated from the other trained nurses in

the country in any scheme which might be adopted under the Insurance Act.

The meeting came to no definite conclusion.

The best thing all Irish Nurses can do is to join the Irish Nurses' Friendly Society, being organized by the Irish Nurses' Association, and so make it a big success.

A very sad tragedy took place last week at the great Charité Hospital at Berlin. A school-boy was undergoing the simple operation of having a growth removed from his nose, and the nurse, whose duty it was to administer the anæsthetic, dipping the hypodermic syringe by misadventure into the wrong bottle, injected a cocaine solution of 20 instead of one-half per cent. The lad expired almost immediately, and the nurse took the tragic consequences of her error so much to heart that she immediately inoculated herself with the fatal mixture, and died so suddenly that it was at first thought that she had succumbed to a heart attack. She had been employed at the Charité for fifteen years, and was regarded as one of the most trustworthy assistants on the staff. It is said that the two cocaine solutions were kept in precisely similar bottles, which stood quite close to one another.

We are glad to note that several papers call attention to the overwork of Nurses in German hospitals—one adding, significantly, "it is a wrong for which many are to blame in every country where nursing is employed."

To quote an instance in London, Dr. Lauzun Brown stated at a recent meeting of the Holborn Guardians that:

"I only hope that when the members of the Permanent Committee of the institution and the other members of the Board are stretched upon a bed of sickness, they will be provided with more nursing attention during the weary hours of the night than the one-hundredth-and-sixth part of a nurse.

"The present conditions amount to a sweating of nurses and a robbing of the sick poor of that proper nursing which is their right."

#### WELCOME HELP.

The President of the Society for State Registration of Nurses begs to thank the following members for kind help:—Miss S. Browne, R.R.C., 5s., and Miss S. Munro, 4s.

## THE NURSING AND MIDWIFERY EXHIBITION AND CONFERENCE.

The Fifth Annual Nursing and Midwifery Exhibition and Conference opened at the Royal Horticultural Hall, Vincent Square, S.W., on Tuesday, and has continued throughout the week.

The Exhibition is most conveniently discussed in connection (1) with the large section in which many important firms have brought their specialities to the notice of nurses and midwives, which we describe in detail under a separate heading, and (2) the exhibits of nurses and others who have their own special contribution of value to bring to an exhibition of this kind.

#### NURSING HANDICRAFT.

The exhibit of Nursing Handicraft, organized by THE BRITISH JOURNAL OF NURSING, and arranged by professional nurses, falls under the second heading, and we propose to devote a considerable portion of the space at our disposal to it this week, and to refer more fully in our next issue to the very interesting exhibits organized by the Midwives' Institute, and the *Queen's Nurses' Magazine*, on the first floor, though we must note in passing the wonderfully good models and drawings sent by Dr. McGregor Young, of the Leeds Maternity Hospital, the pelvis with the washleather foetus being a work of genius.

The National League for Physical Education and Improvement has also a most interesting and instructive exhibit, mainly consisting of posters, and the exhibit of Nursing Inventions in the main hall has also attracted considerable notice.

#### "THE BRITISH JOURNAL OF NURSING" EXHIBIT.

Under the heading of Nursing Handicraft the Exhibits were organized in the following sections: The Head, the Abdomen (*a*) the Digestive Tract and (*b*) the Kidneys and Bladder, Gynæcological Nursing, Splints and Bandages.

#### THE HEAD.

There were two exhibits sent in under the Section: (1) By the Leicester Infirmary Nurses' League, and (2) By Miss Macfarlane, Matron of the Royal Ear Hospital, Dean Street, Soho.

#### THE LEICESTER EXHIBIT.

This is a most complete and charming exhibit arranged by Miss J. W. Davies, Assistant Matron at the Leicester Infirmary, Miss Trotter, Out-patient Sister, and Miss German, Ophthalmic Sister, Miss Kitchen, Out-patient Sister at the Royal Ophthalmic Hospital, City Road, E.C., and Miss Fussell, late Sister at the East London Hospital for Children, Shadwell.

Amongst the exhibits are a tracheotomy jacket, made of gamgee, with a jaconet bib attached, and fastened behind; and a sterile pad to be worn by the patient on the way home after operation for the



removal of tonsils and adenoids, on the inner side is a loose piece of gauze, easily renewable, and kept in place by a bandage passed through the pad on either side of the mouth, which also keeps the pad in position. It is both simple and effective. On a tracheotomy tray should be noticed a dainty protective dressing to fit under a tracheotomy tube made of boracic lint and jaconet buttonholed together.

Of nasal plugs specially noticeable are a finger stall threaded with ribbon gauze, another, invented by a nurse, and made of silver wire, the purpose of which is to dilate a contracted nostril, and a catheter and marine sponge for plugging a post nasal space. Dressings for the ear are cut in two parts, one going round and the other over the ear to avoid protrusion. Heath's ear syringe, which can be manipulated with one hand, is a convenient instrument. Then there is an "ear stand" for bottles containing different drops, bandages for both double and single mastoid cases, ear caps to put on when the patient goes out, sterile wool dabs, "stick" sponges for use in throat cases, preferable to the ordinary sponge sticks with slides, the things got ready by the nurse when a throat culture is to be taken, a special spray for peroxide of hydrogen, and a beautifully moulded poroplastic splint for a jaw.

From the Royal London Ophthalmic Hospital there are glass pannikins and drop bottles, the bottles for the different lotions being differently coloured, an undine for washing out the eye, an artificial leech, fomentation pads for iritis, swabs for extractions and other swabs, double pads for the eyes, with flaps when it is desired not to exclude the air, a syringe for injecting lachrymal sacs, eye shades of cheap material for district work, and cases for nurses doing district work, shields for cases of purulent ophthalmia, and the Moorfield's cataract bandage.

The East London Hospital for Children, at Shadwell, sent a Thermos flask fitted for the administration of subcutaneous serum in case of collapse; an apparatus for warming oxygen; and a tray with all the requisites for the treatment of cases of ophthalmia neonatorum. It is a beautiful and complete exhibit, which has gained much admiration.

#### THE ROYAL EAR HOSPITAL.

From the Royal Ear Hospital comes an extension for the head, made of calico bandages, with a ring at the top, to which a weight is attached; also Bullar's shields, eye swabs, and pressure pads for use after the removal of the lachrymal sac, sent by the Royal Westminster Ophthalmic Hospital. The Throat Hospital, Golden Square, also sent exhibits. Nasal mops of sal-alembroth wool, and ear mops are to be seen; also four kinds of nasal splints, nasal mops and ear mops, dressings for mastoid operations, throat mops for taking cultures, sterile wool and gauze in glass tubes for plugging, a sterile mastoid packet, dressings for use after adenoid and throat operations, and many others.

#### THE ABDOMEN.

In connection with this section are the exhibits of the Royal Free Hospital (the digestive tract), and that of St. Peter's Hospital (kidneys and bladder).

#### THE ROYAL FREE HOSPITAL.

The Royal Free Hospital exhibit, in charge of Miss Rundle, Miss Cooper, Miss Mears, Miss Miller, and Miss Hogg, is concerned with the Digestive Tract. The exhibit on the surgical side is arranged by Miss Cooper and Miss Mears; and on the medical by Miss Miller and Miss Hogg. The surgical section includes samples of things taken by mouth—ante-cibum and post-cibum—tubing for washing out the stomach, for œsophageal nasal and rectal feeding, and for feeding in gastrostomy; also the necessary appliances for giving a continuous saline injection.

In connection with rectal feeding, Higginson's and glycerine syringes, with samples of the feeds administered, are shown; also suppositories; bismuth cachets for X-ray purposes in connection with the abdomen; also a test meal.

Dressing appliances, sample dressings, bandages, fomentations, &c., form part of this exhibit, also a model of a patient on the operating table, with the surgeon and sister properly gowned.

In the medical section are to be seen a typhoid tray, with typhoid bread and milk, junket, jelly, and all things necessary for cleansing the typhoid mouth; also a typhoid chart.

Another tray includes (a) a feeder, strainer and fine muslin for straining foods; (b) a bowl of disinfectant (Lysol) and a nail brush; (c) necessities for cleansing the mouth; (d) thermometer, with special marking at the top, for enteric patients.

A gastric tray, for gastric ulcer (containing in cunning little white pitchers, lettered in red, egg and milk, Benger's Food, albumen water, whey, barley water, peptonized milk with all accessories for making, and jelly). Also raw meat juice, lime water, panopepton, rennet, liquor-pancreaticus and soda bicarb., and necessities for cleansing mouth. Of charts there are shown the special chart demonstrating Dr. Lenhart's treatment of gastric ulcer, and a typhoid chart.

#### ST. PETER'S HOSPITAL.

A most unique exhibit is that arranged by Miss Furlley, Matron of St. Peter's Hospital, Covent Garden, dealing with the nursing of kidneys and bladder. There are trolley bags, in holland, for dressings, with the initial of each ward, dressings for a supra-pubic operation, including arbulose, a material of wonderfully absorbent properties, gauze, and supra-pubic tube, the dressing made to slip under the patient immediately without loss of time, a kidney dressing, with tube and connections, ligature jars, containing numbered ligature reels. Irving's apparatus, invented by Mr. Hamilton Irving, a house surgeon at the hospital, for keeping a supra-pubic case dry, a catheter sterilizer (a French invention), a beautiful copper



tray, with rounded corners, for operation use in bladder cases, with a T grid. Some interesting specimens of stone, with an evacuator, showing crushed stone. A lithrotome showing the manner in which a stone is caught, a slow drainage apparatus for emptying distended bladders. A glass jar, with disc, for sterile catheters, a supra-pubic irrigation slide, invented by a nurse, a sample of Contrexéville water, a most valuable diuretic; barley water is also a usual drink prescribed for these cases; glass cups for lubricants—oil, glycerine and vaseline; charts, showing how the ordinary daily chart can be used to record urine measurement, and a shade for a portable night lamp, designed by Miss Furley.

#### GYNÆCOLOGY.

##### CHELSEA HOSPITAL FOR WOMEN.

The gynæcological exhibit organized by Miss Riddell, Matron of the Chelsea Hospital for Women, is very complete. A model of a patient after Wertheim's hysterectomy shows the patient propped up with a wedge pillow, and supported by a knee pillow covered with batiste, with straps and buckles attached to the head of the bed. An air cushion has a white cover easily removed. The patient has not to be moved so much when requiring attention as when the cushion is put under the draw sheet. The exhibit includes a set of surgical instruments used in gynæcological surgery, abdominal and perineal dressings, operation swabs made in different sizes in gamgee tissue, gauze swabs for packing the intestines in abdominal operations, a Thermos flask for rectal saline, chest pads for operation and elderly patients, and various bandages and belts. Stuck's douche pan for vaginal operations, designed by a medical officer of the hospital, which is made of metal and is fixed to the end of the table.

Another interesting exhibit consists of charts showing from 1885-1910 the steady increase in the number of operations at the Chelsea Hospital for Women, and the steady decrease in the mortality per cent.

#### SPLINTS AND BANDAGES.

##### ST. BARTHOLOMEW'S HOSPITAL.

The beautiful padding of the splints sent from St. Bartholomew's Hospital has received much well-deserved admiration. The Thomas' and Macintyres, padded with washleather, are perfect specimens, and, indeed, all demonstrate the high level to which nursing can attain. The varieties are Roughton (Miss Priestley), Macintyre (Miss Lewis), Neville (Miss McNeil and Miss Fanning), Anquilor (Miss Kirkman), Corr (Miss Campbell and Miss Rendell), Middledorf (Miss Bottomley), Thomas (Miss A. Davies), Liston (Miss Hallett), Miss Chapman and Miss E. G. Evans).

##### LORD MAYOR TRELOAR'S HOSPITAL, ALTON.

Miss Robertson, the Matron, assisted by Miss Hoskinson, sent a charming exhibit of the special splints and appliances used at the above Hospital, including a model of a patient suffering from spinal caries, on a spinal board, fixed in a jean jacket at the back of which webbing is let in in the form of a St. Andrew's Cross.

A replica of a spinal stand, and a swinging back door splint used for correcting deformity in spinal caries, designed by the Medical Superintendent, Mr. Gauvain.

A back door splint, showing how the back door can be taken out for the necessary attention to be given to the back.

A wheel-barrow splint used for cases of spinal caries where there is spasm of the psoas muscle, with back door, and foot pieces to prevent foot drop.

Celluloid jackets used for cases of spinal caries and tuberculous disease of the hip joint.

Mrs. Walter Lakin also shows specimens of bandages.

#### MATERNITY.

Miss M. O. Haydon, Sister at the General Lying-in Hospital, contributes a model maternity bed as made up at that Hospital, and an excellent sterilizer.

#### THE PRIZES.

Where so many of the exhibits were so excellent and so equal in merit, the task of the judges in awarding the prizes was a difficult one. They decided to equalize them by dividing the First Prize of £7 7s. given by the management of the Exhibition into two, of £5 5s. and £2 2s., and the Editor of THE BRITISH JOURNAL OF NURSING increased her prizes to £7 7s. so that £21 in all was given away in prizes.

The awards were then as follows:—

*First Prize*.—£5 5s., Royal Free Hospital.

*Second Prize* (bracketed equal).—£3 3s., Leicester Infirmary Nurses' League; £3 3s., St. Peter's Hospital for Stone; £3 3s., Chelsea Hospital for Women.

*Third Prize* (bracketed equal).—£2 2s., Royal Ear Hospital; £2 2s., St. Bartholomew's Hospital; £2 2s., Lord Mayor Treloar's Hospital, Alton.

#### FIRST-CLASS FIRMS IN THE EXHIBITION.

We briefly referred last week to some of the principal firms exhibiting in the Exhibition, and our forecast that a visit to the Stands of these firms would be of much interest is amply justified.

Stands 3A and 4A—MESSRS. A. WULFING & CO., 12, Chenies Street, W.C., found that their well-known preparations, and especially Albulactin, attracted the notice of many visitors. Ordinary cow's milk is deficient in Lact-Albumen, but when diluted with water and fortified in certain proportions with Albulactin, it is practically identical with human milk, and agrees with most delicate infants. This nurses and midwives are increasingly recognizing, to the great benefit of the infants whose food when artificial feeding becomes necessary is frequently left to them to select.

Stand 17A—MESSRS. LEWIS & BURROWS, 146, Holborn Bars, E.C., devoted their Stand largely to an attractive display of their "Ellanbee" Brand Medicinal Products, a name which stands

with the public for excellence. All kinds of specialities for the toilet—almond and oatmeal cream, toilet vinegar, and vanishing cream, special soaps for babies and adults, tonics and other preparations for the hair, and dainty dentifrices—are all to be found here.

Stand 23A—BOVRIL, LTD., 152, Old Street, E.C., have the honour of being purveyors by special appointment to His Majesty the King, as well as to the King of Spain. The special value of Bovril consists in the fact that it is not only a stimulant, as so many meat extracts, but is also a highly concentrated food of high nutritive value. It is for this reason that "Invalid Bovril" is so highly esteemed and frequently ordered by medical practitioners in case of illness, and is such a favourite with nurses.

Stands 25-32A—GARROULD'S NURSES' OUTFITTERS, 150, Edgware Road, W., to the War Office, Colonial Office, the India Office, the London County Council and other public departments, could not fail to attract nurses to their exhibit by reason of its completeness and attractiveness. Every kind of appliance and requisite for nurses, including uniforms, trunks and comfortable shoes, are to be found in their spacious saloon in the Edgware Road, and these are largely represented at their Stand in the Exhibition. A collapsible bath, most moderate in price, was in a conspicuous position, and should be a great comfort to nurses who are travelling away from civilisation. Their charts, also of all kinds, morning and evening, four-hourly, maternity, are extraordinarily cheap—3d. a dozen, or 12s. 6d. a thousand, comparing most favourably with the prices of any on the market.

Stand 35A—MESSRS. QUIBELL BROS., LTD., 161, Castlegate, Newark, show their disinfectant, Kerol, which has won, on its merits, so high a place in public esteem. Midwives and nurses especially value it in district work, because it is proved to be practically non-poisonous, and further, it does not roughen the hands, but leaves them smooth and soft. It is also non-irritant, non-corrosive, and of high guaranteed efficiency. An excellent toilet soap, and Lano-Kerol, a soothing and antiseptic emollient, are also highly appreciated. And Kerol benefits not only humans, but also the animal world, for the poultry yard it is of proved value, and the skin and coats of dogs are kept in excellent condition when Kerol is used in their cleansing.

MESSRS. NEWTON, CHAMBERS & Co., LTD., give an interesting display of their Izal preparations at Stand 38A. There is no need to advocate the claims of Izal with nurses and midwives, with whom it is a most popular disinfectant. It stands the test, and remains efficient under conditions which rob many other disinfectants of their efficiency, so it is not surprising that it has won for itself a high reputation, not only in the United Kingdom, but throughout the world.

Stand 46A—MESSRS. SOUTHALL BROS., & BARCLAY, LTD., Lower Priory, Dalton, Birmingham, are largely visited by those attending the exhibition, who find plenty to interest them in

the specialities for which this firm is celebrated. Southall's Night Tidy for Ladies, which is absolutely waterproof, is intended for use with Southall's towels, affording perfect security. Their accouchement sets, in three sizes, save endless trouble to both patient and nurse, especially in a first confinement, as the patient is assured of being supplied with necessities thought out by those having great experience.

Another speciality of Messrs. Southall's is their protective apron for ladies, for use with Southall's Towels. They are very light and thin, and absolutely waterproof. Nurses going to hot climates should make a note of these aprons, as they are absolutely indispensable.

At the Stand of MESSRS. CADBURY BROS., LTD., (48A), of Bournville, steaming cups of the far-famed cocoa essence of this firm are dispensed. Incidentally, an expert teaches those present that the quality of the drink depends greatly on the way it is prepared, and many of those present agreed they had never tasted anything like it before.

Stands 54A and 47B—HORLICK'S MALTED MILK Co., Slough, Bucks, are well to the fore just opposite the entrance door, with their well-known and valuable preparation. Visitors to the Exhibition take a great interest in this Stand, and watch the cunning little ideal mixer, supplied by the firm, blend the dry powder with water, in a magic moment, into a refreshing and nutritious drink. Horlick's Milk appeals to infants as well as adults, and for those babies who are deprived of their natural food a Hygienic Feeder is provided on the most approved principles.

Stands 1 and 2B—MESSRS. ALLEN & HANBURYS, LTD., London, are as usual showing many interesting exhibits, notably a portable operation table, made of oak with maple wood top, designed by Mr. H. J. Waring, F.R.C.S., surgeon to St. Bartholomew's Hospital, which can be easily folded for transit and be enclosed in a waterproof canvas case with straps and handle, the cost of the table being £9 9s., and of the case £1 14s. 6d.

Another useful exhibit designed by Dr. Reuell Atkinson, is an obstetric crutch by means of which the right thigh of a patient in labour can be supported, and the hand of doctor or nurse freed for other purposes.

Then there is the "Hercules" Patent Meat Juice Press, for expressing the juice of raw beef, which is a model of its kind, the olive oil douche, which the patient can, if necessary, use himself, the "Wigmore" set of sterilised dressings, including everything necessary for a general operation, and many other interesting exhibits besides, including the firm's noted malted foods and milk.

Visitors to the Exhibition should on no account omit to secure the current issue of THE BRITISH JOURNAL OF NURSING, and other interesting literature at the Stand of the NURSING PRESS, LTD., 431, Oxford Street, Stand 11B.

Stand 6B—MESSRS. COLEMAN & Co., LTD., of Norwich, are showing their world-famous tonic, Wincarnis, a scientific combination of choice wine,



extract of meat, and extract of malt scientifically blended, largely prescribed both in acute illness and in convalescence.

MESSRS. JOSIAH R. NEAVE & Co. (Stand 9B), Fordingbridge, Hants, are showing their well known food. There is high medical testimony to the fact that this food is readily digested and highly nutritious, and being rich in phosphates is very useful where the teeth and bone development is tardy.

Stand 13B—MESSRS. KEEN ROBINSON & Co., Denmark Street, St. George's-in-the-East, in addition to their "Patent Barley" and Groats, and Keen's Mustard, are showing their Waverley Oats, from which delicious porridge can be made in ten minutes. Those who know the value of the former preparations and there are few who do not, will certainly wish to procure and try the Waverley Oats without delay.

Stand 26B—LEMO AND OXO. Liebig's Extract of Meat Co., have an attractive Stand, where their well-known preparations may be procured. Oxo in cubes is a very general favourite with nurses and midwives, both for themselves and their patients. If there are not any yet acquainted with it they should not fail to avail themselves of the present opportunity to become so.

Stand 37B—ALEXANDER ROBB & Co., of 79, St. Martin's Lane, W.C., have an established reputation of over a century for their Nursery Biscuits, and are purveyors to upwards of 20 Royal nurseries, as well as to the Court of Spain. Their digestive rusks, tops and bottoms and other biscuits are also highly appreciated.

Stand 39B—THE GAS LIGHT & COKE COMPANY, Horseferry Road, Westminster, S.W., have a charming exhibit, the special feature of which is that it suggests a room, adjoining a ward, in which coal fuel has been abolished. Instead of a coal range a Gas Cooker has been fixed in a well-ventilated recess, the room is warmed by a gas fire, and hot water can be supplied at any hour of the day or night from the gas circulator.

Stands 43, 44 and 45B—THE MEDICAL SUPPLY ASSOCIATION, 228, Gray's Inn Road, have a varied and most interesting exhibit which should on no account be missed. Nurses are well acquainted with the advantages of Macdonald's Patent Sterilizer, and owing to the enterprise of a private nurse, the Sterilizer has now been made in a medium size which a nurse can include in her surgical kit when going to a case. The Forsyth improved sling pillow, which is placed under the knees, and fastened to the head of the bed is a most useful appliance as many nurses know. They do not probably know so well "Brytstele," which has numerous merits. It is an aqueous solution quite translucent, which preserves the lustre and the edges of all steel instruments immersed in it, scalpels included. Sterilization is unnecessary when "Brytstele" is used, and it is very cheap. Another preparation of which the firm are making a speciality is "Wyandotte," which is likely to take the place of soap powders and sodas, being a marvellous remover of dirt and grease, though it contains no caustic or acid. Matrons and

superintendents of hospitals and nursing homes, and busy housewives, should make a note of it for the spring cleaning.

MESSRS. CASSELL & Co., LTD., London, Paris and New York, were showing the four volumes of "The Science and Art of Nursing," which as our readers know, can also be obtained from the Waverley Book Co., Ltd., 7 and 8, Old Bailey, E.C. It is a handsome edition to any library, and the coloured plates are of special excellence.

Annexe Stand.—At this stand CHARLES ZIMMERMANN & Co., 9 and 10, St. Mary-at-Hill, E.C., are displaying their well-known disinfectant Lysol, which is of special value owing to its solvent action on grease, mucus, and sanguineous matter. One of the uses for which it is recommended is as a cleansing antiseptic and stimulating lotion for the hair in the strength of a teaspoonful to a pint. A fact nurses should note.

The Half Annexe B looked very bright, arranged as the GLAXO Lounge, where in comfortable chairs many nurses and midwives were refreshing themselves with this favourite beverage, nutritious alike for adults and infants, and where Mrs. Robinson of the Union of Midwives, had a cordial welcome for all.

## THE NURSING CONFERENCE. FIRST SESSION.

Miss Eleanor J. Law, Matron of the Royal Hospital, Chelsea, presided at the first Session of the Nursing Conference in the Hall of the London County Council Technical Institute. In her opening remarks she pointed out that the objects of such a Conference were for mutual aid and support, and to widen and extend our sympathies for the advance of the Profession.

Miss Waind, Superintendent of the Galen Nursing Home in Guildford, read a very interesting Paper entitled "How to work up a connection." Her remarks would prove of great value to anyone contemplating starting a similar business, and were calculated to induce nurses to join one worked on such businesslike and just lines as her own. Her chief points were: 1. *Choice of locality*; 2. *Choice of a staff*; 3. *How to make the Association known*; 4. *Business methods*. She was, of course, very insistent upon the question of efficiency and character in the nurses. She would not recognise any but the fully qualified. Between the lines it was easy to read that the services of her own nurses were well required.

Dr. Anthony B. Bradford, M.D., followed Miss Waind. His remarks upon "How to start and conduct a Nursing Home" formed very aptly a kind of sequel to hers. He gave as a reason for the rather bad name that had attached itself to nursing homes that they had not got rid of their parentage! His explanation being that about thirty years ago the first was started on the lines of a joint business.

Miss Alice M. M. Park, late Matron of the General Lying-in Hospital, and of the Government Civil Hospital, Kandy, Ceylon, read a very interesting Paper upon "New Methods in Medical and Surgical Nursing."



## THE TRUTH ABOUT NURSE PITFIELD.

Nurse Pitfield desires me to ask the Editor to convey through the medium of THE BRITISH JOURNAL OF NURSING her grateful and sincerest thanks to all those who so kindly signed and intended to sign the Petition for her release from Holloway Prison.

Those who were so kindly interested in Nurse Pitfield will be indeed sorry to hear of her terrible sufferings and what she had to endure in the Prison Infirmary. She was in a cell by herself the whole time (45 days), and with the exception of the officials saw no one, though she was twice allowed a professional visit from her lady doctor. The last two weeks she was, and still is, quite unable to turn in her bed without considerable assistance. Her pain is almost unbearable at times, yet when she fell on the floor whilst the wardress was making her bed, she was refused assistance, and it was denied she was suffering. Nurse Pitfield implored in the name of humanity that some other suffragist prisoner might be allowed to come to her aid. Finally a woman not a suffragist prisoner was called, and she was roughly dragged back to bed. The visiting magistrate was made aware that Nurse Pitfield was unable to move, and she implored him to allow her the necessary assistance, but this was entirely disregarded. Nurses will understand the misery and suffering of this terrible disease, and they can well imagine what this poor nurse must have endured through those long lone night hours crying aloud in continuous pain.

In reply to her prayers for assistance, she was told several times in one day that she would be set free at once if she would give an undertaking to abstain from militant protest. Her whole body cried out for release, yet her spirit was undaunted, and her reply to the Governor was: "I have suffered with them; if necessary I will die with them rather than give the undertaking! If you release me it must be unconditional, or I fear my release will come from higher hands than the Government." Nurse Pitfield was also told that the leaders of the movement had sent word she would be justified in giving an undertaking, but this she rightly refused to believe. Her courage and endurance were at last rewarded by an unconditional release on April 16th last, mainly owing, no doubt, to the publicity given to her case through THE BRITISH JOURNAL OF NURSING.

Nurse Pitfield is now quite happy in mind, and her sufferings are alleviated with all that skill and attention can devise.

(Signed) MATRON OF NURSING HOME.

It is to be hoped the Home Office and the responsible officials at Holloway Prison will be called to account for their inhuman treatment of this suffering woman. It is a public duty to protest against it by every means in our power.

## LITTLE CUCKOO FLOWER.

## CHAPTER I.

"Gee up, Dobbin," said a lazy lad, giving the patient old cart horse a sly dig in the ribs.

Dobbin gee-ed up. He slowly planted his huge hoofs one step forward, lowered his head, strained at the traces, and the wheels of the waggon to which he was harnessed creaked round. Jesse Martin, who was standing on the wobbling load of hay he was pitchforking on to a stack, lurched forward, pitched on his head on the hard baked earth beneath—twitched once—and never moved again.

The men who were standing on the haystack slithered down, and called upon their companion, but he lay very still, huddled in an ungainly heap, and answered nothing.

Then these sturdy men went very white about the gills, and the vicious lad, known throughout the village as a "limb" (of his Satanic Majesty, no doubt), and whose mischievous act had caused the tragedy—forthwith began lashing the blameless beast.

"God a mercy, who'll tell Martha?" some one exclaimed. "Poor feller's brocken 'is neck."

"Let's fetch t'ode squoire."

"T'ode squoire" came—so did the whole village, and ultimately "parson's wife" broke the terrible news to Martha Martin that she was a widow.

The village approved the conduct of Martha. She came from the lonely cottage near the wood, carrying her only child, little Cuckoo Flower, pressed against her ample maternal bosom. Martha was one who always carried her head high, and stepped with dignity. The tragedy did not apparently shake her proverbial courage. The tears streamed down her pale face for sure, but her grief was very still, and they respected her the more for that—"A bellowing cow soonest forgets her calf" was a proverb in this country place fifty years ago—and was known for truth.

"Poor Jesse" was laid tenderly in the waggon on a bed of fragrant hay, and covered with a sheet. Martha sat beside him, with Cuckoo Flower on her knee—Dobbin, who loved the dead man, walked slow and sure through the village street—its inhabitants following after, and brought him to his cottage gate—and once within, he was reverently cared for throughout the distracting period during which all realised that "the Law mun 'ave its process."

Jesse, it was opined, "made a beautiful corpse." So he did. His marble features were

shown to be finely chiselled; his hair and beard, divested of bergamot oil, shone gold.

"Little Cuckoo Flower favours her father," said Betty Brown, the village "middif"—who, thrifty soul, also earned an honest if perilous penny by "attending" the village corpse, and had laid out Jesse for inspection and burial.

Little Cuckoo Flower was one of Nature's surprises. Do you know the cuckoo flower? How transparently fine it is, how delicately pink, how it sways and flutters in an imperceptible breath of air, how soon it droops and dies in the human hand.

It was parson's wife—square, sturdy, childless creature—with her troubled well springs of maternity from which no life had leapt forth, who likened baby Martin to this ethereal bloom.

One breezy summer's morning she saw the child flitting round the green fairy rings in the pasture between the cottage and the wood.

Her little pink feet but glanced the ground—her pinny, like pink wings, floated around.

The child's mother piped a dancing tune.

"Little Cuckoo Flower," cried the parson's wife—"pinkie thing, pretty poppet," and she danced after her.

"That's her to the life," laughed Martha. The name clung to the child, and little Cuckoo Flower she lived and died.

\* \* \* \* \*

Jesse was laid to rest with ceremony. There was a lavish display of funeral pomp. Bombazine and crepe—and rusty broadcloth in plenty, which in some instances had been fashioned from the Sunday go-to-meeting garments of grandparents. Tears and fearsome groans, all evidence of genuine feeling—echoed the solemn utterances of the parson at church and grave, and later in the flower covered cottage Martha provided cake and ale for all. There was also tea and red-nob wine "for them as preferred 'em." Martha sat in state in the best parlour in her highly polished Windsor chair, heavily laden with the trappings of woe, but remark was made (out of hearing, of course) "as little Cuckoo Flower pranked out in white muslin without a bit of black—not so much as a ribbon, showed but little respect to her poor dada's memory."

"Cuckoo Flower, she can't abear black," Martha had been heard to remark apologetically.

"Then I'd make her abear," outraged paternal discipline had replied out of hearing.

Yet only the eternal mother is all-wise, and Martha went delicately—strong woman as she

was—where this human floweret was concerned.

\* \* \* \* \*

Parson and his wife came in the evening of that sorrowful day to comfort Martha. She still sat in her chair of state, very still and upright. Cuckoo Flower, in her little white nightgown—her golden head pressed to her mother's breast—was asleep on her knee.

The childless wife stopped in the doorway, and absorbed the beauty of the picture. Ringing deep down in her tuneful soul she heard the joybells of maternity—and the sound of the bells outrang the solemnity of death.

Later she joined in prayer for the consolation of the fatherless and the widow, and peeping through her fingers intercepted God's answer to prayer—a smile of complete understanding between a mother and her child.

Walking home arm-in-arm in the tender hush of the summer's night, the parson remarked to his little spouse:

"I could have wished for signs of deeper feeling upon the part of this poor stricken creature—the lot of the widow——"

"You see," interrupted his wife a little inconsequently, "there's little Cuckoo Flower."

ETHEL G. FENWICK.

(To be continued.)

#### COMING EVENTS.

*April 25th and 26th.*—Nursing and Midwifery Conference and Exhibition, continued, Horticultural Hall, Westminster, S.W.

*April 26th.*—Guy's Hospital Nurses' League. Tenth Annual Meeting and Fourth Annual Dinner. Annual Exhibition Nurses' Photographic Society.

*April 26th.*—Men's Society for Women's Rights, Public Meeting, "How Votes for Women will Affect the White Slave Traffic." Chairman, Mr. Joseph Clayton; Speakers, Miss Abadam, Dr. C. W. Saleeby, M.D., F.R.S.Ed. Grand Hall, Criterion Restaurant, Piccadilly Circus, W.

*April 26th.*—Northumberland and Durham Midwives' Association. Lecture on "Ethics in Midwifery," by Dr. H. Kerr. Council Chamber, Town Hall, Newcastle-on-Tyne, 7.30 p.m.

*April 29th.*—League of St. John's House Nurses' Meeting and Social Gathering, 12, Queen Square, W.C., 3 p.m.

*April 29th.*—Central Midwives' Board Examination, London.

*May 6th.*—Medico-Psychological Association. Preliminary Examination.

*May 13th.*—Medico-Psychological Association, Final Examination.

*May 13th.*—National Food Reform Association Conference. Diet in Schools. The Guildhall, E.C.

*May 9th to 11th.*—The Child Study Society, Annual Conference, University of London.

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

### AN INEFFECTIVE DETERRENT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—We have been asked by the Secretary of the London Hospital to forward you the enclosed report on a case which was tried recently at Eye, and he very much wishes that publicity should be given to this case with a view of deterring others from forging or tampering with Certificates of Training of Nurses, and if you can call attention to it in your news columns we shall be greatly obliged.

We are, yours faithfully,  
CHARLES BARKER & SONS.

8, Birchin Lane, E.C.

[We reported this case in our last issue, and then expressed the view that in opposing for nearly a quarter of a century the demand of trained nurses for the organisation of their profession under the authority of the State, including the publication of a State Register of Trained Nurses, the authorities of the London Hospital have forfeited public sympathy, as the great deterrent of such fraud would be the knowledge that reference could be made to the Nurses' Register, and the fraud in consequence exposed; for it is certain that, though registration would not be compulsory, the effect of the Act would be the same as that of the Medical Acts, viz., that practically every one possessing the necessary qualifications will enter for the State Examination and become enrolled upon the State Register.—ED.]

### INEQUALITY BEFORE THE LAW.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I enclose a form with some signatures for the release of Ellen Pitfield. I do think it a cruel sentence, and I sincerely trust that your effort in her behalf will be successful. I don't in the least approve of the wrong and stupid offence she committed, but perhaps her mind was not quite normal at the time. A man assaulted a little girl at Tonbridge. She is a child I visit, looks seven, but is nine. He took her into the Castle grounds and there committed the deed and nearly frightened her to death. At Maidstone Sessions last week he was sent to gaol for two months in the Second Division, because there was a question of his mental condition. One is struck by the difference in sentences meted out for men and women.

Yours sincerely,  
L. M. GRIFFIN.

Beaconsfield Terrace,  
Tovil, Maidstone.

[Read the history of 'poor Little Cuckoo Flower,' begun in another column.—ED.]

### DISGRACEFUL SENTENCES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I should have been able to obtain more signatures, but thought it needless, as Nurse Pitfield was released yesterday. I trust that the medical profession and nurses will also protest against the disgraceful sentences and forced feeding of other suffragists now in prison.

A. R. HARBOTT,  
(Member of Church League  
for Woman's Suffrage.)

Neville Road,  
Forest Gate, E.

[We regret that through pressure on our space a number of letters, as well as some of our usual departments, are unavoidably omitted.—ED.]

### OUR PRIZE COMPETITIONS FOR MAY.

May 4th.—What causes vomiting in early pregnancy, and what nursing care may be given to relieve it?

May 11th.—Tell what you know of modern methods of treatment of Lateral Curvature of the Spine?

May 18th.—Give some hints how to be popular as a Private Nurse?

May 25th.—What meals should be served in hospital wards daily; how, so that they reach the patient in an appetising form?

## NOTICES.

### WHERE TO GET THE B.J.N.

If unable to procure THE BRITISH JOURNAL OF NURSING through a newsagent, the manager desires to be informed of the fact. Copies can always be procured at the offices, 431, Oxford Street, London, W., and through Messrs. W. H. Smith & Son. In Scotland from Menzies & Co., Glasgow; and in Ireland from Fanning & Co., Dublin.

### NEW SUBSCRIBERS.

The Editor hopes that every reader, who values THE BRITISH JOURNAL OF NURSING, will get one or more new subscribers—so that its constructive work for the profession may receive ever increasing support.

It is the only journal which demands efficient educational and economic standards for trained nurses through an Act of Parliament, providing for their State Registration.

### STATE REGISTRATION OF TRAINED NURSES.

Full information as to the movement for the State Registration of Trained Nurses, and application forms for joining the Society can be obtained from the Hon. Secretary of the Society for the State Registration of Trained Nurses, 431, Oxford Street, London, W.

### OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper. Only the most reliable firms are accepted by the management.



# The Midwife.

## ELDERLY PRIMIPARAE.

There is, says the *British Medical Journal*, in the following leading article, a very general belief that labour in a woman who bears her first child at an age more advanced than usual is apt to be difficult and dangerous to the mother. In the belief that the prevailing economic conditions militate against early marriage, and that therefore the number of elderly parturients is bound to increase, Dr. Kate Spain, of St. Louis, Missouri, has studied this question of elderly primiparae. Dr. Spain has collected evidence from contemporary obstetricians tending to show that the outlook is much less unfavourable than current teaching would lead us to suppose.

An elderly primipara is, according to the statistical definition of most of these authorities, a woman who bears her first child between the ages of 30 and 45. The course of pregnancy differs little from that in young women. In Tarnier's clinic, a series of 111 women between the ages mentioned included only six in whom albuminuria was detected, and not a single instance of eclampsia. Hammerschlag found that eclampsia was only insignificantly higher in elderly primiparae than in primiparous women in general, who are more liable than multiparae to this complication. These observations are reassuring, since by the age of 30 most women have been exposed to several influences favouring renal disease and eclampsia from which young girls are more protected, hence on *a priori* grounds albuminuria and eclampsia might be expected to be a good deal more frequent. It appears that the elderly woman is specially prone to begin by bearing twins. Prinzing gives the percentage of twin labours in elderly primiparae as 4.14 per cent. The percentage is 2.96 in primiparae under 20, 3.54 in women from 20 to 25, and 3.90 in women from 25 to 30. Elderly primiparae are by no means so liable to protracted labour as is supposed. Uterine inertia seems more probable if the mother be weak or prematurely old, or if fibroids exist. Evidence about pelvic contraction is unconvincing. Edgar found 25 per cent. of pelvic deformities in 47 elderly primiparae, and high percentages have been noted in other records, but it seems probable some qualifying factor

may have been left out of account; for example, women with such malformations are commonly picked out and sent to institutions where these statistics are made. Rigidity of the soft parts has been taken far too much for granted. The cervix is not necessarily rigid in elderly primiparae. Edgar (in his contribution to von Winckel's *Handbuch*) warns us, as Dr. Spain points out, against laying stress on rigid cervix in any individual elderly subject in labour. The rigidity is almost universally present in the primipara at any age, and also in the multipara in premature labours. In a weak elderly mother primary inertia may cause delay in overcoming resistance at the cervix, even when it is fairly soft. Rigidity of the perineum is more likely to end in its rupture than to cause a prolongation of labour. The weight of the child, it has been shown, increases proportionately to advancing age up till about 44 years; and Schroeder advances evidence that the great transverse diameter of the fetal head become disproportionately large when the age of the mother exceeds 35 years. That labour is often abnormal in elderly primiparae, so that instrumental aid is not rarely requisite, appears to be true. Tarnier resorted to the forceps in 27 per cent.; Sheviakoff, in Geneva, employed that instrument in 19.7 per cent. of his cases, whilst in addition he had 4 vaginal and 1 abdominal Caesarean section, 3 versions with extraction, and 1 embryotomy.

Evidence as to laceration of the perineum is obscured by the fact that obstetric operations involve great risk of these lesions. It is not clear that the perineum is specially liable to rupture in a spontaneous first labour after 30. Fetzner finds that prolapse of the genital organs is more probable the later in life the first delivery occurs. Febrile morbidity, according to Hesselberg, was observed in 14.1 per cent. in 200 primiparae over 30 in his clinic, a low percentage when we remember that obstetric operations are so often needed. It is, however, satisfactory to learn that *post-partum* haemorrhages are rare; Edgar and Courgenon rate that complication at only 8 or 9 per cent.

As for the child, it is oftener a boy than a girl—about 135 males to 100 girls, the general proportion in all women being 106 to 100; males are often stillborn, especially in primiparae.

## CENTRAL MIDWIVES' BOARD.

A meeting of the Central Midwives Board was held at the Board Room, Caxton House, Westminster, on Thursday, April 18th.

The first business before the Board was the election of a Chairman, and Sir Francis Champneys vacated the chair for the time being, Mr. Parker Young taking his place.

In proposing the re-election of Sir Francis Champneys as Chairman Mr. Parker Young said that the Board had now gone on for 10 years. He himself worked on a number of Boards, and on none of them was there a Chairman who was more competent, more regular, or who took a greater interest in the work of the Board than Sir Francis Champneys. He did not think the public knew the value of the chairman and his work for the community. He had very great pleasure in proposing his re-election. The resolution was seconded by Lady Mabelle Egerton. The re-election of the Chairman, which was by ballot, was unanimous.

Sir Francis Champneys, in thanking the Board for their extremely kind vote and confidence, said: His work on the Board was a labour of love, and whether or no the public recognized it did not affect him one way or the other, but he deeply appreciated the fact that his colleagues on the Board who knew his work had expressed their confidence and approval.

The next business was to receive a letter from the Clerk of the Council informing the Board that the Lord President has been pleased to appoint Professor Henry Briggs, F.R.C.S. Eng., M.B.C.M. Edin., to be a member of the Central Midwives Board for a period of three years from April 1st next in place of Sir William J. Sinclair, M.D., resigned.

The Chairman expressed his pleasure at welcoming Professor Briggs as a member of the Board. He knew him as a good man of business and pleasant to work with.

On the proposition of Mr. Parker Young, seconded by Miss Paget, the Board passed a vote of thanks to Sir William Sinclair for his work on the Board since its formation.

The Finance and Penal Cases Committee were then re-elected.

## REPORT OF PENAL CASES COMMITTEE.

The Secretary reported that he had now obtained and cancelled the certificates of Sarah Jackson (late No. 4374), removed from the Roll, March 28th, 1912, and Bridget Mary Marriott (late No. 18879), removed on January 30th, 1912.

The Committee having considered the charges alleged against 16 midwives recommended that each of them be cited to appear before the Board. The recommendation was adopted, and it was decided to hold a special Penal Meeting of the Board on Thursday, May 30th, at 2 p.m., to deal with all the penal cases and applications then ready for hearing.

## REPORT OF STANDING COMMITTEE.

A letter was considered from the Clerk of the Derbyshire County Council submitting for the approval of the Board two rules, drawn up and adopted by the Local Supervising Authority with regard to (a) The laying-out of the dead; (b) The quarantine to be observed by midwives after nursing cases of infectious disease. The Board decided to thank the Derbyshire County Council for their communication, and to say that the matter is within their discretion according to the rules.

Letters were considered from a registered medical practitioner complaining of the conduct of a certified midwife in advertising and prescribing. The report of the County Medical Officer thereon was also considered. The Board decided to ask the Local Supervising Authority whether they find a *prima facie* case against the midwife.

Letters were considered from a certified midwife approved by the Board for the purpose of supervising the practical work of pupils as to the period of time during which her pupils are resident with her. The Board decided (a) That the midwife be informed that the Board's intention is that the cases should be taken, so far as possible, and the training proceeded with throughout the period of not less than the three months specified for instruction in the present rules, and that neither the cases nor the instruction should be crowded into a small portion of that period. (b) That all persons approved for signing Forms III. and IV. be asked how far they comply with the above.

Letters were considered from a certified midwife approved by the Board for the purpose of supervising the practical work of pupils asking the Board's opinion as to certain suggested irregularities in the system of lecturing adopted by a recognised teacher.

Letters were considered from two candidates for the examination of April 29th as to the signing of their schedules by the recognised teacher whose lectures they had been attending, although the course of lectures had not been completed at the time of signing.

The Committee considered a complaint by a pupil of an approved midwife as to the failure of the latter to provide for her pupils a course of lectures in accordance with the rules. The Board agreed (a) That a copy of the letter of the approved midwife be forwarded to the recognised teacher, and that he be asked for an explanation; (b) That Nurses A. E. Monica Field and Olive Walters be allowed to enter for the examination of the Central Midwives Board of April 29th; (c) That a copy of the statement of the pupil be furnished to the midwife, and that she be asked for an explanation.

Letters were read from a County Medical Officer asking the board to enquire into a complaint made against the Matron of a Training Home for Midwives by the Executive Officer of a neighbouring Local Supervising Authority.

The Board agreed that the reply as drafted be approved and sent to the County Medical Officer.



The application of 11 midwives for removal from the roll were considered, and the Secretary was directed to remove the names and cancel the certificates.

#### APPLICATIONS FOR RECOGNITION.

Applications for recognition as teachers were approved from Dr. Henry William Martyn Strover and Mr. John Charles Young, M.R.C.S.

Applications for approval to sign Forms III. and IV. were approved from the following certified midwives: Ellen Norris (No. 9781), Annie Talbot (No. 10952), and Dora Beryl Vine (No. 22718).

#### OTHER BUSINESS.

The question of the Secretary's application for an increase in salary was considered. It was referred back to the Standing Committee with a view to considering the amount of increment.

### CORNWALL NURSES AND MIDWIVES.

#### SOCIETIES FORMED AT TRURO.

By invitation of Miss Tait McKay, Cornwall County Superintendent and Inspector of Midwives a meeting was held at Clifton Villa, Truro, to consider how a Midwives' Association and Nurses' Social Union could be formed. About 50 nurses and midwives and others interested were present among whom were the Matron of the Royal Infirmary, Truro (Miss Chaff), Lady Margaret Boscawen, Mrs. Treffry (Penarwyn), Mrs. Wm. Coode (St. Austell), Mrs. Rogers (Burncoose), Miss Stephens (Ashfield, Falmouth), Miss Turpin (Truro), Miss Ludlow, and others. Dr. Burnett (County Medical Officer of Health) presided.

Miss Eden, of Kingston, Taunton, the Central Organizer of the Nurses' Social Union, explained the formation and growth of this Union, and how a branch could be formed in Cornwall.

Mrs. Glanville explained the working of the Midwives' Institute, London, and spoke of the great importance of combination among midwives.

Miss du Sautoy, County Superintendent and Inspector of Midwives in Somerset, also explained how the two associations work together in Somerset, and emphasized the great need for midwives to combine, and the importance of their being adequately represented on the County and Local Insurance Committees.

The Chairman, summing up, said how much he was in sympathy with the work of midwives and nurses, and reminded them that unity was strength.

It was proposed by Miss McKay, and seconded by Miss Chaff, that a branch of the Nurses' Social Union and Midwives' Association be formed for Cornwall, and the Chairman declared this resolution unanimously carried.

Officers were appointed as follows:—Midwives' Association—President, Dr. Burnett; Hon. Secretary, Miss Hughes; Representative, Miss McKay. Nurses' Social Union—President, Lady Margaret Boscawen; Hon. Secretary and Treasurer, Miss Leverton.

#### AN ADMIRABLE SELECTION.

The National Insurance Commissioners for Ireland have invited Miss Ramsden, Lady Superintendent of the Rotunda Hospital, Dublin, to act on the Advisory Committee as the representative of the Midwives of Ireland. This is an admirable selection, and proves that, in Ireland, the Commissioners intend to avail themselves of expert opinion, in so far as midwives are concerned. We hope they will show the same perspicuity, in reference to trained nurses and their indispensable work, in connection with the Insurance Act.

#### UTERINE HÆMORRHAGE.

Professor Brohead writes in the *Post-Graduate Medical Journal* that "we should go to cases of confinement fully prepared for hemorrhage. If the hemorrhage cannot be stopped by massage of the uterus and the hot douche, the tampon is best. We cannot rely upon ergot alone, for the patient may lose a quart of blood while waiting for the ergot to take effect. Where the patient has lost a pint or more of blood, it is well to use saline enemata, with the addition of a little alcohol."

#### A NEW YORK TRAINING SCHOOL FOR MIDWIVES.

Miss CLARA D. NOYES contributes the following notes of the first training school for midwives in America to the *American Journal of Nursing*:—

"A school has been organised at Bellevue Hospital for the training of midwives. This is entirely separate and distinct from the training school for nurses, although it is under the auspices of the hospital management and the general superintendent of training schools supervises the work. A small hospital, with a house in the rear in which the pupil midwives live, at 223, East 26th Street, has been carefully fitted up and arranged as a teaching centre. There are accommodations for twelve patients in a delightfully bright and airy ward on the second floor, as well as nursery, delivery room, lavatories and linen room. The first floor is reserved for office, examining and class room and a large kitchen and dining-room. The building was opened for the reception of patients August 1st, 1911. The first midwife entered July 27th. There are now ten pupil midwives in training, and in addition to the work in the school, an outpatient service is being developed, the pupils attending cases accompanied by a doctor and a nurse. The course is six months in length, and is organised on the same general principle as a nurses' school. The nursing and the housekeeping instruction are under the direction of a graduate nurse. The medical instruction and medical care of patients is under the direction of a resident physician. Miss Agnes E. Aikman, formerly of the Lying-in Hospital, Boston, is the supervising nurse, with two graduate day and night assistants.



# THE BRITISH JOURNAL OF NURSING

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## EDITORIAL.

### THE TRIUMPH OF REASON.

For the last quarter of a century THE BRITISH JOURNAL OF NURSING has consistently impressed on nurses the urgent necessity for the organisation of their education and work, and it has, therefore, cause for congratulation, and proof of the success of its policy, that, in spite of opposition, persecution, and deliberate boycotting, and with two lay nursing journals, run by hospital governors, to counteract its influence, its teaching has permeated not only over the world, but throughout the rank and file of the nursing profession in this country. To achieve this has entailed almost superhuman work for upwards of twenty years, but the evidence of the feeling on the question of State Registration of Nurses, and on Women's Suffrage, shown at the Nursing and Midwifery Conference last week, only corroborates our experience gained in communicating with matrons and nurses all over the country—the rank and file are solidly in favour of State recognition and protection as citizens, and as skilled workers.

Since the first Nursing Exhibition and Conference in this country, organised by this journal in 1896, public and professional opinion have been constantly educated, and the value of conference between nurses and midwives emphasised.

Concerning that just held, we have only to say that while many of the papers were practical and useful, its organisation was unfortunately very defective, and the true professional touch, which would have brought all into harmony, was absent. There was a lack of continuity and sense of fitness in the arrangement of the programme—thus a paper on "New Methods in Nursing" was sandwiched in between "How to Work up

a Connection," and "How to Start and Conduct a Nursing Home." Nor were any arrangements made for the opening of discussions, nor for summing them up. In fact there appeared to be an entire lack of professional organization. In the Midwifery Conference no midwife occupied the chair, an almost incredible omission, since there are midwives eminently capable of so doing.

But the encouraging note of the Conference was the proof it affords that the individual nurses responded instantly to professional inspiration, and their support of organization, through State Registration of Nurses was unanimous and whole hearted, and proved that nurses individually have of recent years thought out seriously these important problems. THE BRITISH JOURNAL OF NURSING rejoices that the seed sown during many arduous years of editorial labour has evidently fallen in fruitful places, and that, in the near future, we may look for an abundant harvest.

The question now is how long the nursing profession intend to permit the opposition which has narrowed down to a few autocratic hospital governors, and their reactionary officers, medical, nursing and secretarial—led by the London and St. Thomas's hospitals—and whose views find expression in the unprofessional nursing press, to stand between the sick and the organization of a thoroughly efficient professional nursing service.

It cannot be too plainly pointed out that the demand for a State Register of duly qualified nurses is made primarily in the interests of the sick, and therefore of the community at large, so that the public is equally concerned with trained nurses in promoting this reform. It has a right to insist on a guarantee of the efficiency of its nurses, and a duty to perform in impressing this upon the Government.

## MEDICAL MATTERS.

## DRY INHALATIONS OF CHALK SALTS.

At the recent meeting of the International Anti-tubercular Congress, which has been held in Rome during last week, Prof. (Senator) Maragliano thanked the foreign delegates for the way in which they had "studied and spread Italian science."

His own serum—anti-tubercular—has not, however, proved efficacious, and has been virtually set aside in Italian hospitals.

In its stead there are two new treatments under trial, one for surgical and the other for medical lesions.

Doctor Marroni is at present carrying out the surgical one in various hospitals, and has seven or eight patients in our wards, in whom he injects every second or third day about 1½ ounce of his formula, the constituents of which are not yet made public. We only know that mercury enters into it: he gives it with a long needle, deep into the abscess or the diseased tissues, and already we have seen several, apparently, complete cures.

But the treatment which met with most attention at the Congress was that for lung tuberculosis, brought forward by Prof. Anguilli, of Naples. It consists of a new method of dry inhalations of chalk salts (*sali di calce*).

The Professor does not claim any originality in the discovery, as it is a matter of medical history that tubercular patients have been accidentally cured of phthisis by breathing in rooms full of particles of chalk.

But he claims to have invented a special apparatus with which it is possible to inhale anywhere these particles of chalk, a treatment which aims at combating the tubercular lesions by bringing the chalk dust right into the pulmonary alveoli.

Statistics have proved the extreme rarity of tuberculosis amongst the workmen in chalk furnaces. Prof. Renou, for instance, reported that in the Jou province the opening of chalk furnaces invariably brought a rapid and remarkable diminution of the death-rate of tuberculosis. And Prof. Anguilli stated that the spontaneous and natural cure is due to the calcification of pulmonary lesions.

The treatment, as directed by him, lasts from three to four months, and he declared that it caused no suffering, had no danger, and could be carried out in any place, as the machine was extremely simple and transportable.

A. T.

## THE TREATMENT OF A CASE OF PERI-TONSILLAR ABSCESS.

By a HOSPITAL WARD SISTER.

The patient will complain of sore throat, headache, and painful neck. On examination, the tonsil or tonsils will appear swollen, very injected, but without patches as in follicular tonsillitis, and there is usually some adenitis on the affected side. The temperature will be raised, although at the onset this may be slight, under 100 degrees. The patient is put to bed, and until the abscess is ready for incision the following treatment is carried out. An efficient aperient, such as calomel, is usually prescribed, and this is followed in about eight hours' time by a non-effervescing saline aperient, such as mag. sulph. or mist. alba. The saline aperient is repeated every morning for the first week, and later *p.r.n.*

The food must consist of nourishing liquids, as there is often great pain and difficulty in swallowing. The patient must be induced to take as much as possible. Hot drinks will be most easily swallowed, and soothe the throat.

The local treatment consists in syringing the throat with hot alkaline lotion (after which the patient will find swallowing much less painful) and applying fomentations to the neck two-hourly. The most comfortable method of doing this is to use a thick strip of cotton wool. Wring it out in boiling water, cover with jaconet and wool, and a flannel bandage. The cotton wool is much preferable to flannel or lint, as it does not become clammy and wrinkled, but is still soft and warm when ready to be renewed.

The teeth must be thoroughly cleansed and brushed with an antiseptic three times a day.

The temperature will continue to rise until the abscess has been opened. Some drug, such as quinine or sod. salicylate, is usually ordered for this. The temperature will probably be remittent, coming down in the morning about one degree lower than the previous evening. It is usually taken four-hourly until normal. The swelling in the throat will increase. This needs careful watching, as it may swell very rapidly and obstruct the breathing. The physician must be at once informed if there are any symptoms of this occurring.

About the second or third day, sometimes sooner, the abscess will be ready for opening. For this the physician will require a good light, a head mirror, Franket's tongue depressor, pin tonsillar abscess forceps (St. Clair Thomson's

are those usually used), a porringer, and a hot mouth-wash of Sanitas (1 in 20).

The patient is propped up in bed, and a large mackintosh pinned around the neck. The nurse stands at the back of the patient, holding the head firmly between both hands. The physician holds down the tongue, and with the other hand inserts the forceps sharply into the tonsil at its lowest aspect, or at some point where it will drain easily; he then opens the forceps widely, and the pus escapes. The nurse must be ready to tilt the patient's head forward over a porringer at the right moment. The patient then gargles, and washes out his mouth with the hot Sanitas. The throat will then be syringed with hot coll. alk. sacch., as hot as can be borne—about 120 degrees. For this a sterilized Higginson syringe with glass nozzle is used. The tongue is held down with a Tranket's tongue depressor, and the patient instructed to keep the head over a bowl. The nozzle of the syringe is pointed at the opening in the tonsil, and the lotion is then syringed on to and into it; some force is necessary, and it must be done quickly, leaving time in between each syringeful for the patient to breathe. In this way the pus is cleared out, and the hot lotion is found to be very cleansing and soothing to the throat. The syringing is continued four-hourly until the pus has ceased, and then continued twice a day until the tonsil has healed. It will be necessary to keep the incision open until all the pus has escaped, and for this purpose the nurse will have to insert the forceps into the wound gently and open them twice a day before syringing. If this has been efficiently done, the temperature will drop to normal in about 48 hours, the pain and difficulty in swallowing will diminish, and the adenitis subside. In some cases the abscess may open before an incision has been thought necessary, but the treatment would be the same.

As soon as the temperature becomes normal a soft diet may be given, gradually getting on to full diet. The medicine will be altered to an iron tonic, and some stimulant may be ordered, usually port wine or Burgundy.

In about ten days' time, if everything is satisfactory, the patient will be allowed up. Formamint tablets will be substituted for syringing. The fomentations will be discontinued as soon as the adenitis subsides, and a piece of dry wool worn for the first day or so.

While convalescing, the chief points to bear in mind will be the care of the mouth and teeth; feeding up with plenty of plain, nourishing food, extra milk, plenty of fruit.

As much fresh air as possible without fatigue is most necessary.

## OUR PRIZE COMPETITION.

### WHAT CAUSES VOMITING IN EARLY PREGNANCY AND WHAT NURSING CARE MAY BE GIVEN TO RELIEVE IT?

We have pleasure in awarding the prize this week to Miss Elizabeth Martin, the Royal Halifax Infirmary, Halifax, for her paper on the above subject.

#### PRIZE PAPER.

It is but very seldom that a pregnancy is entirely free from vomiting throughout its course, and very commonly the first sign to follow conception is retching.

The change of position when rising from bed seems to bring on the trouble, which in early pregnancy is due to the close connection between the womb and stomach. The functions of the uterus have been developed and it has become sensitive and irritable, and it acts indirectly through the nervous system on the stomach.

The patient feels sick and uncomfortable whilst dressing, and consequently begins retching—vomiting only a clear watery fluid, or, if after breakfast, the food she has just taken. Usually after a rest the patient feels quite comfortable, the sickness having passed over; she is able to take her food for the remainder of the day.

This is a simple case of "morning sickness," and may be regarded as a normal condition, commencing in early pregnancy, and usually disappearing after quickening.

A sick pregnancy is usually a safe one, but sickness has been known to have been so severe as to bring about exhaustion and ultimately death; but fortunately these cases are very rare indeed.

If a patient vomits directly after breakfast her meal has done her no good whatever—otherwise, harm—acting only as an emetic, and in these cases a few hours' fasting is often found to be a very good remedy, allowing the stomach to have an entire rest in the early morning, when in most cases the patient is quite well throughout the day. Some women can avoid an attack of early "morning sickness" by taking a light breakfast in bed, and resting for an hour or two afterwards, then rising very leisurely.

If the breakfast is not taken in bed, an early cup of strong tea or coffee may be well recommended.

Diet is of very great importance, and, if well attended to, is sufficient to keep the trouble under control.



Sometimes only cold food can be taken, and small pieces of ice, slowly sucked, often relieve the nausea.

In some cases only hot things can be kept down, therefore a glass of hot water slowly sipped is found useful.

Effervescing drinks are found very soothing to an irritable stomach, such as a small glass of iced champagne.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Mills, Miss Gladys Tatham, Miss Macfarlane, Miss Bennett, Miss Templeman.

Miss Gladys Tatham writes that "Pernicious vomiting persists, and may come on at any hour of the day or night, and is a serious complication of pregnancy. The cause is not yet known for certain, but it seems to be of nervous origin, and probably is a reflex condition due to pressure and consequent irritation of the gastric nervous system. The chief duty of the nurse will be to see that the food given is nourishing, easily digested, of small bulk, and to give it at frequent intervals. Rectal feeding may be ordered by the physician. A patient suffering from pernicious vomiting becomes rapidly emaciated and weak. Constipation is generally a marked feature of the complaint, and must be overcome. The thirst may be relieved by cold drinks and ice to suck. If the condition is unrelieved the patient will get weaker, more jaundiced, and her temperature will rise towards the last. Unless the uterus is emptied treatment may be of no avail. If the fœtus dies in utero the vomiting will probably stop at once. No "cooking smells" should reach a patient suffering from vomiting—all food should be daintily served and freed from grease. If possible the patient's attention should be occupied with pleasant subjects during meals, and she should rest quietly afterwards. The nurse should be resourceful and tactful, and ought to know how to cook and serve dainty dishes.

#### QUESTION FOR NEXT WEEK.

Tell what you know of modern methods of treatment of lateral curvature of the spine.

#### NURSING CONGRESS AT COLOGNE.

Amongst others interested in nursing in India who hope to be at Cologne, Mrs. Klosz and Miss Creighton will attend to represent the combined Indian Nurses' Associations.

The President of the International Council has sent us the provisional programme, which will appear next week.

#### SOME LEGAL POINTS FOR NURSES.

Mr. A. M. Brice, Barrister-at-Law, speaking in the last Session of the Nursing Conference, held at the L.C.C. Technical Institute, Westminster, last week, said he esteemed it a happy chance to be able to offer nurses a few suggestions on self-protection, for, as a class, they were no better in this respect than the ordinary layman. He instanced the case of a nurse, heard in the Ilford County Court, where the employer prosecuted for breach of agreement, and won the case because the nurse had not read her agreement.

The law, said Mr. Brice, is common sense personified, but it is most difficult to get nurses to conceive a clear idea of any agreement. The nurse's agreement of service really defines who is her employer, and on what terms she is employed.

Nurses, he continued, are surrounded by law. He then proceeded to deal briefly with a few general questions, mentioning first that the matron of a large infirmary was accustomed to go, at great personal inconvenience, to the registrar, to register all the deaths occurring in the infirmary, when any nurse present when a death occurred could do so.

Next there was the question of secret commissions. It is an offence against the Corruption Act, when buying medicines for patients, to accept a secret discount, and a supremely dishonest transaction. Any reduction in price belongs to the employer, and the only person entitled to take a discount is the nurse working on her own account.

Again, as to nurses in partnership. Nurses in partnership often seem ignorant of its most elementary principles, whereby they are bound together and have to meet their mutual obligations; and one partner is responsible for the debts of the other. A partnership cannot be dissolved by a private quarrel, nor until all the necessary legal steps have been taken, and the dissolution announced in the *Gazette*.

The speaker expressed the opinion that some Association of Nurses should take up this question of Nurses' Defence. They were frequently in need of legal advice. He instanced the case of a nurse summoned before the Central Midwives' Board charged with a grave offence. In his opinion the allegations were unfounded, or there was an answer to them. His advice was that she should employ a solicitor and be properly defended. The result was that she was exonerated, but if she had not been defended there is little doubt she would have been removed from the Midwives' Roll.

Then there were the rights of a nurse in connection with her matron. Thus a nurse wanted to go to a theatre; the matron objected. A matron's authority only extends to reasonable orders.

The speaker mentioned the case of a probationer who had spent two-thirds of her time in a certain hospital, and had won a reputation for doing her work well. She was informed by the matron that she could not recommend her for her certificate, as she did not consider that her moral character fitted her for the high vocation of a nurse.

It was necessary to keep an eye on legislation affecting nurses. The Workmen's Compensation Act had been a boon to them.

The question of a nurse's right to a salary when ill was sometimes raised. She is entitled to receive it as heretofore, until such time as her contract is terminated.

Again, there are local Associations of nurses all over the country in connection with which ladies think nothing of getting rid of nurses in a most mean way.

A Nurses' Defence Association could expedite legislation shortening nurses' hours of work. It is a terrible thing that in asylums nurses should work from 70-80 hours a week, at duties involving a highly responsible, physical, mental, and moral strain.

Questions put to Mr. Brice were :—

1. Has a committee a right to restrain a nurse from working in a certain area for a given time?

2. Is it a fact that a nurse engaged in consumptive work, who contracts the disease, has no redress?

3. Are nurses, when convalescing and on holiday, entitled to board money as well as salary?

4. In regard to the procedure of the Midwives' Board in dealing with penal cases. The Board sits in a judicial capacity, but it also employs a solicitor to conduct the prosecution. If it provides for the prosecution of midwives summoned before it, should it not also provide for the defence, or else let the Local Supervising Authorities who have found a *prima-facie* case conduct the prosecution? It sometimes even happens that the prosecuting solicitor has to admit that he cannot prove a charge brought against a midwife unless this is possible from her written defence.

Mr. Brice replied :—

In regard to a clause in an agreement restraining a nurse from practising, it is fair if the committee has spent money in training her. But if she was engaged to do general work only, there is no reason why she should not practise a specialty, such as massage, within the area.

The speaker pointed out the importance of the insertion of fair conditions of work in contracts, and said that it often happens that a nurse is so anxious to get work that she does not stand on terms of equality with her employer.

If a nurse contracts consumption she cannot claim compensation under the Workmen's Compensation Act, as it is not one of the scheduled diseases; but taking into consideration that nurses will be increasingly exposed to its infection in connection with the Insurance Act, the speaker thought that by a little pressure it could be added to the scheduled diseases.

A nurse in receipt of a salary is entitled to her whole remuneration, and if away convalescing or on holiday is entitled to a reasonable sum for board, lodging, and washing.

In relation to the suggestion that it is hard that the Central Midwives' Board should finance the prosecution of midwives who have no means of defence, the speaker said he had long held—before the appointment of the Central Midwives' Board—that a public defender, as well as a public prosecutor, should be appointed. For ignorant, poor, baffled, dazzled midwives to be brought before the Board, and confronted with a prosecutor bent on proving his case, is not justice, but injustice.

## THE TRAINED WOMEN NURSES' FRIENDLY SOCIETY COMMITTEE.

The Provisional Committee of the Trained Women Nurses' Friendly Society Committee met at 431, Oxford Street, London, W., on Wednesday, April 17th, at 5 p.m. There were present Mrs. Bedford Fenwick (in the chair), Miss Mollett (Hon. Organizing Secretary), Miss Breay (Hon. Treasurer), and twelve members of the Committee.

The business before the meeting was to receive a report from the Hon. Organizing Secretary and to take such action as may be desirable.

Miss Mollett reported that Miss Macintyre, of Wigan, was willing to serve on the Committee; and also that the Matrons of Hospitals and Nursing Institutions in the United Kingdom had been circularized, and a copy of the Draft Constitution drawn up by the Committee at its last meeting, and on the table for inspection, had been sent to them. She made a lucid statement as to the responses received and the present position, and invited the Committee to consider the following questions :—

1. Does the response to the appeal warrant proceeding with the scheme?



2. If the reply is in the affirmative, does the Committee approve of having the Draft Scheme put in proper form by an expert, and sanction the formal enrolment of members?

3. Shall the Committee take steps to appoint such officers as are required by law?

In reply to Miss Mollett's questions, the Committee unanimously agreed

1. To go forward with the scheme.

2. To have the Draft Scheme put in proper form and to proceed with the enrolment of members.

3. That the appointment of officers should be deferred until a certain number of members had been enrolled, when a meeting should be called and the officers elected by the members.

The Chairman reported that she had received a letter from Dr. John Macewen, of Glasgow, suggesting the adoption of reciprocal relations between the Friendly Society formed by the Scottish Nurses' Association and the Trained Women Nurses' Friendly Society in this country, through which members could be transferred, on moving, from one to the other.

The Committee agreed to the proposition, and it was decided to reply to Dr. Macewen in this sense.

She also reported that the Irish Nurses' Association had decided to form an Irish Nurses' Friendly Society.

Miss Mollett reported a letter from Mr. N. F. Robarts, Secretary to the South London Branch of the Norwich Union Life Insurance Society, and the reply was agreed upon.

Attention was drawn to the meeting of the "Amend the Act League" to be held in the Savoy Theatre on the 23rd inst. On the proposition of Miss Barton, seconded by Miss Pearse, it was agreed that a delegate be sent to the meeting from the Trained Nurses' Friendly Society Committee, and a delegate was nominated and consented to act.

The Chairman pointed out that "trained" nursing and trained nurses were entirely ignored in the Act, and that, while associations of doctors, midwives, and nearly every important organization of women workers and Unions of industrial workers had nominated representatives on the Advisory Committee appointed under the Act, the nurses' organizations invited to nominate representatives had been excluded from representation, the only nurses appointed on the Committee being two Superintendents of district nurses, who were nominated by the Commissioners, and who did not represent any Society of Trained Nurses.

The meeting then terminated.

## FEVER NURSES' ASSOCIATION.

The period during which nurses can be registered by the Fever Nurses' Association will expire on the date of the Annual General Meeting of the Association, viz., May 20th.

Hitherto, a nurse who has worked for a period of two years in any recognised fever hospital, and whose work and conduct have been attested by the matron of the hospital has been eligible for registration. In the case of nurses holding a certificate of three years' general training the period required has been six months.

After May 20th, 1912, the Special Regulations of the Educational Committee will come into force, and the Certificate of the Association will only be obtainable after Examination. The length of fever training required for probationers will be, as before, two years, but for trained nurses one year's fever work will be required, instead of six months as hitherto. Application for membership and registration under the original regulations should be made without delay to one of the Joint Honorary Secretaries, Dr. A. C. Ta'Bois, Clare Hall Isolation Hospital, South Mimms, near Barnet, or Miss Morgan, Northern Hospital, Winchmore Hill, N., from whom an application form can be obtained.

## NURSES' SOCIAL UNION.

The Special Meeting called to consider the advisability of changing the title of the Nurses' Social Union was held on Thursday, 25th ult., at 12, Buckingham Street, Strand. Miss Houghton, Matron of Guy's Hospital, Vice-President of the London Branch of the N.S.U., was in the chair. After much discussion it was proposed by Miss Marsters, Superintendent of the Paddington D.N.A., seconded by Miss Clayton, Superintendent of the Kensington D.N.A., that the present name should be retained, and this was carried by a large majority.

## HEALTH EXHIBITION AND CONFERENCE.

As we have previously reported, the Nurses' Social Union, which is doing such useful practical work amongst nurses and the public, has decided to hold a Health Exhibition and Conference at the Victoria Rooms, Clifton, Bristol, from June 6th to 12th. It is thought that such an exhibition—which will be the first of its kind on a large scale in the West of England—should prove of great practical utility to health workers in the city and adjacent counties. An influential committee has the arrangements in hand, and we are pleased to learn that it has met with a most gratifying response to its invitations of assistance in the provision of lectures, demonstrations and exhibits.



## NURSES' DAY.

But what will greatly gratify our readers is that Thursday, June 6th, has been reserved specially as the Nurses' Day, the programme of which will be as follows:—

2. 0 p.m.—Opening Ceremony, by Miss Amy Hughes, Gen. Supt. Q.V.J. Inst., President of Nurses' Social Union.
- 2.30—Lecture. In Lecture Hall.
- 3.30—Theatricals. In Lecture Hall.
- 3.30—Red Cross Display. In Rink.
4. 0—Invalid Cookery Demonstration, by Gloucester School of Domestic Science.
- 4.30—Needlework Demonstration.
5. 0—Tea in the Rink.
6. 0—Cookery Demonstration: Diet for Consumptives.
6. 0—Parade of St. John's Ambulance Waggon.
7. 0—Concert.
8. 0—Cinematograph Lecture, by Mr. Stephen Paget, F.R.C.S.

All the railways running to Bristol—the Great Western, Midland, London & North Western, and Great Central—have undertaken to reduce the return fare from any station on their lines to the price of a single fare and a third. Application for vouchers entitling to this reduction should be made as early as convenient to Miss Symonds, Conference Sec., N.S.U., 7, Unity Street, Bristol.

As the editor of this journal knows that a visit to this exhibition will be very instructive and amusing, she hopes to make up a party from London on June 6th, and will be pleased to hear from matrons and nurses who would like to join it. The party will be limited to ten, and she wishes to receive names at an early date. Return tickets will cost about 12s.

## NOTICE TO QUEEN'S NURSES.

Miss Hughes, General Superintendent of Queen Victoria's Jubilee Institute for Nurses, has kindly consented to give an address to Queen's Nurses in Bristol on June 6th at 3 p.m.

Cheap tickets will be issued from all stations to Bristol on production of a voucher.

Application for admission and for railway voucher must be made before May 23rd to Miss du Sautoy, 16, Elm Grove, Taunton.

## EXAMINATIONS APRIL, 1912.

## ST. BARTHOLOMEW'S HOSPITAL.

*Final.—Third Year Probationers.*—1, K. A. Hallett, Gold Medallist; 2, M. T. Mareini; 3, D. Robinson; 4, M. E. Burdett; 5, W. M. Harris; 6, E. B. Vincent; 7, V. M. Withers; 8, H. L. Brakefield; 9, E. G. Evans; 10, M. L. Harcourt; 11, A. Davis; 12, M. L. McNeil; 13, A. W. Ogden; 14, D. M. Dear; 15, A. A. Goad; 16, L. R. Chapman and E. Fanning; 18, D. M. Priestley and E. P. Scrase; 20, M. V. Palmer; 21, M. Crump, E. T. Fehrenback and C. McGilvary; 24, M. B. Wilkins; 25, E. Snell; 26, A. M. Newton; 27, M. Miles; 28, F. L. Jarvis; 29, M. B. Bond; 30, H. Bottomley; 31, M. Campbell; 32, M. Rendall.

*First Year Probationers.*—1, C. Hayes, Prize-winner. Books; 2, G. Phillips; 3, D. Gardiner; 4, R. R. Graff; 5, C. T. S. Anderson; 6, M. D. Farrow; 7, R. V. G. Daye; 8, W. Gowan, M. Lawley and D. C. Storch; 11, M. A. Beswick and D. Morris; 13, M. A. Rice and S. G. Tilbrooke; 15, M. T. L. Oldendorf; 16, E. Coulson; 17, V. A. T. Fletcher; 18, A. McCulloch Smith; 19, L. E. Barnett; 20, E. Hall; 21, G. Burke; 22, P. E. Keen; 23, M. Hatche and E. G. Jones; 25, N. Balshaw and T. Fraser; 27, F. E. Aris, A. C. Farrant and I. Jenkins; 30, M. Mayoss; 31, B. Batchelor, I. Gibbons and J. Stewart.

## QUEEN MARY'S HOSPITAL FOR CHILDREN, CARSHALTON.

*Final Examination: Gaining Certificate.*—M. Chorley, A. Brightman, E. Swain (Worthy of Commendation); E. Morrow, M. Spaul, E. Cahill, E. Browne, E. Rawlins, J. King, E. Copsey.

## APPOINTMENTS.

## MATRON.

**Boscombe Branch, Royal Victoria and West Hants Hospital, Bournemouth.**—Miss A. M. Shaw has been appointed Matron. She was trained at the Bristol Royal Infirmary; and has been Assistant Matron at the Cumberland Infirmary, Carlisle; and Matron of the Royal Infirmary, Doncaster.

**Isolation Hospital Weston-super-Mare**—Miss L. M. Doyle has been appointed deputy Matron. She was trained at the Lewisham Infirmary and the Grove Fever Hospital, Tooting, and has held the positions of Charge Nurse at the North-Eastern Hospital, Tottenham, Sister at the Isolation Hospital, Muswell Hill, and Night Sister at Bucknall Hospital, Stoke-on-Trent.

**Edinburgh Day Nurseries Association.**—Miss Alice M. Beedie has been appointed Matron of the Stockbridge Branch of the Edinburgh Day Nurseries Association and Training School for Nursery Nurses, 9, St. Bernard's Crescent, Edinburgh. She was trained at Withington Infirmary, Manchester, where she subsequently held the position of Sister, and has been Sister at Queen Charlotte's Hospital, and done private nursing in connection with the Nurses' Co-operation, New Cavendish Street, London. She has also been Matron of the Somerton Accident Hospital, Matron and Lady Superintendent of the Aberdeen Maternity Hospital, and of the Maternity Hospital and Training School for Midwifery, Seychelles. She is a Member of the Matrons' Council of Great Britain and Ireland, and of the Midwives' Institute, and has gained experience in Hygiene and Sanitation at the Training Sanitary College, London.

## NIGHT SISTER.

**The Infirmary, Barnstaple.**—Miss Maude Fletcher has been appointed Night Sister. She was trained at the Kent and Canterbury Hospital, where she has done Sisters' Holiday duty. She has also been Staff Nurse at the Stanley Hospital, Liverpool.

#### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

Miss Maud S. Williams, Staff Nurse, to be Sister (April 8th); Miss Jeannie G. Dalton, Staff Nurse, to be Sister (April 10th).

The following Staff Nurse is confirmed in her appointment, her period of provisional service having expired: Miss Alice G. Dempster.

#### QUEEN ALEXANDRA'S MILITARY NURSING SERVICE FOR INDIA.

The following Nursing Sisters have been permitted to resign the service: Miss Mabel Rose Draper (February 28th); Miss Norah Mabella Carter (March 1st).

#### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

##### SUPERINTENDENT.

Miss Ethel Emuss is appointed to Berkshire Emergency Home as Superintendent. Miss Emuss was trained at the St. Marylebone Infirmary. She received her midwifery training at the St. Margaret's Nursing Home, Surrey Square, and holds the C.M.B. certificate. She received her district training at Bloomsbury and was District Nurse at New Malden for two years.

##### ASSISTANT COUNTY SUPERINTENDENT.

Miss Norah Farrant is appointed to Sussex as Assistant County Superintendent and School Nurse. Miss Farrant was trained at the London Hospital. She received her district training as a Queen's Nurse at Brighton, and has since been Senior Nurse, Health Visitor and School Nurse at Chatham. She has lately received her midwifery training at the Lying-in Hospital, Brighton.

*Transfers and Appointments.*—Miss Mary Jarvis is appointed to Stockport, Miss Florence Ada Moore to Coventry.

Queen Alexandra has been graciously pleased to approve the appointment of the following to be Queen's Nurses, to date April 1st, 1912:—

*England.*—Elizabeth H. Bousfield, Margaret Chatelier, Jane P. Walker, Margaret J. Jones, Grace M. Welton, Mercy Wilmshurst, Rose M. Sharpe, Mabel Fleming-Shearer, Eleanor M. Chambers, Lucy Cranmer, Catherine James, Mabel M. Price, Annie Stocks, Minnie A. E. Banks, Janie H. L. Reive, Florence A. Moore, Winefride M. Smith, Maude C. Lynch, Maude Somers, Ellen Gilbertson, Mary J. Hume, Mabel Poynton, Dymphna Leohy, Eva Maguire, Mary Maxwell, Fanny Goodwin, Esther A. McVittie, Winifred K. Warwick, Edith D. Ludlow, Martha Croot, Hilda M. Matthews, Jessie L. Paris, Mary Jane Hardy, Martha E. Carter, Eleanor Ward, Mary Humphreys, Annie Stratford. *Scotland.*—Margaret H. B. Bathgate, Marion Beaton, Jessie M. MacDonald, Bessie Munro, Jessie J. Paterson, Helen G. Speirs, Georgina Tulloch, Mary G. Whamond. *Ireland.*—Mary E. J. McNeil, Grace V. Winter, Margaret M. Donnelly, Lilian M. Flannery, Sarah E. McDermott, Eve C. Thompson.

#### NURSING ECHOES.

The Local Government Committee of the London County Council have considered a suggestion that the Council should indicate by means of a memorial tablet one of the residences in London of Florence Nightingale. The most suitable of such residences is 10, South Street, Park Lane, where Miss Nightingale had her residence from 1875 until her death in 1910. The matter was brought to the notice of the Duke of Westminster, to whom the house belongs, and he has intimated that he will affix a tablet to the house.

We wish to offer our best thanks to all those ladies who so kindly took charge of the Handicraft Exhibit during the recent Exhibition at the Agricultural Hall, and who helped so greatly to instruct visitors in its various departments—Miss B. Cutler, Miss Robertson, the three Misses Sleigh, Miss Cartwright, Miss J. W. Davies, Miss B. Kent, Miss Macvitie, Miss Hoskinson, Miss Harrison, and several members of the nursing staffs of St. Bartholomew's Hospital and the Royal Free Hospital.

Mr. Harry Levy Lawson, of the *Daily Telegraph*, M.P. for Mile End, E., and a member of the London Hospital Committee, is this year blocking the Nurses' Registration Bill in the House of Commons. Trained nurses may remember that Mr. Lawson's majority at the last election was 2! A little work down East and that inconsiderable majority might easily be wiped out. Why should it not be done? One good turn deserves another!

The 39th annual meeting of the Kent Nursing Institution was held recently at Tunbridge Wells, when Lady Torrington was elected President. The report showed an increase of work in all the branches, and about £150 spent in reducing fees for needy invalids. Professor Anderson Stuart, of Sydney, spoke to the nurses on the points of similarity and differences in life here and in Australia. He declared that the four-year course provided there was a better equipment than the more restricted training in England. In extending a welcome to any nurses thinking of changing their residence to Australia, the Professor urged care and forethought, but promised a hearty greeting, excess of work, and fair remuneration. The distribution of wealth and the equalising of the sexes were both improvements on the old country's record. After adequate training there were many more



openings in private and public nursing homes and hospitals, while the need for pensions was not so great or so imperative in a country where there was no lack of work and much larger fees were obtainable.

At a recent meeting of the Camberwell

Guardians it was agreed to increase the number of probationers by 12, and to raise the salaries of the following members of the nursing staff, the revised rates of pay being: Senior assistant matron, £55, rising by £2 10s. to £65 per annum; junior assistant matron, £45, rising by £2 10s. to £55 per annum; 2 night superintendents, £38, rising by £2 to £42; 15 ward sisters, £32, rising by £2 to £38; 43 trained staff nurses, £28, rising by £1 to £30; 69 probationers, £13, rising by £2 to £17; 2 male nurses, £35 per annum; 1 ambulance nurse, £26, rising by

£1 to £28. The consideration of the salary of the matron, which is only £125 a year, was deferred for twelve months. Considering that in Miss Marquardt the Guardians have one of the most capable and devoted officers in the Poor Law Service, we hope they will not for much longer delay proving their appreciation of

her splendid work and example to the nursing staff by raising her salary.

We much regret to note that the recommendation of the Joint Committee of the Medical Board and Nursing Committee—all men, no doubt—that a private nursing staff be

instituted at the Cardiff Hospital, has been adopted by the Board. Dr. Herbert Vachell opposed the scheme on the ground of the danger of infection, but Colonel Bruce Vaughan said "he could quite see that the scheme would bring them in at least £500 or £600 a year," and the chance of sweating this sum out of the poorly-paid labour of trained nurses was a fact not to be resisted by the managers of this charitable institution. What would Dr. J. Wallace, Dr. Paterson, and others say if the Committee proposed that each member of the medical staff



MISS CLARA BARTON.  
RED CROSS SOCIETY

should hand over half his annual earnings? What, indeed, would the British Medical Association say?—"Hands off, Pompey," we have no doubt. It is a shame that members of the medical profession do not oppose, on just and ethical grounds, this cruel exploitation by hospital Committees of the earnings of trained



nurses for work by which their own duties are immensely lightened. Is this a form of the chivalry with which men treat poor working women, of which we hear in the press just now? If so, it is time to cease bragging about such a miserable sham.

The portrait we present of Miss Clara Barton is an excellent likeness of this lady, whose recent death in the United States removed one of the most devoted workers for the Red Cross Society, and for sufferers from sickness and accident, in the world. She was one of a group of wonderful American women whose mentality helped to arouse the conscience and stimulate the energies of the women of all nations. They were all in their smiling seventies when they attended the World's Fair in Chicago in 1893. Thankful we are we were privileged to meet them.

The General Hospital, Launceston, Tasmania, will suffer a severe loss in the resignation of its Lady Superintendent, Miss J. H. Milne, after nearly a quarter of a century of devoted service, during which time the training school for nurses has attained a very high reputation. At the meeting of the Hospital Board at which Miss Milne tendered her resignation it was received with very great regret. Both the Chairman and Vice-Chairman warmly eulogized the unselfish and noble work which she has accomplished, and it was unanimously agreed to recommend to the Government that she be granted six months' leave of absence on full pay. The Board unanimously decided to appoint Miss Oakes as Miss Milne's successor. Miss Oakes received her training at the Launceston Hospital, passing her examination with honours. After some years' work at the same hospital she was appointed to a position in Sydney, but resigned this post to return to her training school in a time of need, accepting a much smaller salary than she was then receiving in order to serve her Alma Mater; later she was appointed to the position of Matron at the Children's Hospital, Brisbane.

It must naturally be a great gratification to Miss Milne to hand over her work to so capable a successor, and that the good work of a pupil, trained in the nursing school of the hospital, should receive recognition by her selection to fill the position of Superintendent. It often happens that a post is advertised, when committees have practically decided to whom it shall be given. Much disappointment and unnecessary expense is caused thereby to candidates who have no chance of appointment, and

when an entirely eligible and suitable pupil of the school merits promotion a committee is wise to offer her the position and to avoid useless advertising.

### GUY'S HOSPITAL NURSES' LEAGUE.

The popularity of the Annual Dinner of the Guy's Hospital Nurses' League was manifest on April 26th, when 120 members took their seats at 7 p.m. in the Dining Hall of the Nurses' Home. Married members, hospital matrons, private and district nurses, &c., &c., came from many different parts of England and Wales for the pleasure of once more meeting the old friends of their "alma mater." Some indeed who could not spare the time to stay in Town returned to distant counties by midnight trains. The business of the evening was transacted at the general meeting at 8 p.m., when the members were augmented by many others who could not arrive in time for dinner. In the unavoidable absence, through illness, of Miss M. N. Oxford (Sister Philip) the chair was taken by Miss Harradine, Matron of the Royal South Hants Hospital, Southampton. The Hon. Sec. gave a very satisfactory report of the working of the different sections for the year, and the result of the ballot for the election of representatives of each section on the Council was announced. Votes of thanks were passed to many friends, and on the conclusion of business the company gave themselves up to the pleasure of greetings and reminiscences of the "good old days," and to the enjoyment of music and song, provided by the nurses in Hospital.

Among those present were: Miss L. V. Haughton the Matron, Miss Victoria Jones and Miss Swift, former Matrons, Miss Oxley (Norwich), Miss Atkey (Newport), Miss Jolley (Liverpool), Miss Bryan (Northampton), Mrs. Forsyth (Sister Kate Neale), Mrs. W. G. Stewart, Mrs. Densham (Sister Addison), Miss Aitken (Watford), Miss Davidson (Gravesend), Mrs. Philip Turner, Mrs. Higgins, Miss Minnie Leng, and many others.

It is announced that the King, who will be accompanied by the Queen, will open the new buildings, Wimpole Street, W., of the Royal Society of Medicine at 3.45 p.m. on Tuesday, May 21st.

Two new hospitals, which have cost upwards of £20,000, are to be opened in the district of Wimbledon in the course of a few days. The new Cottage Hospital at Copse Hill is now ready for patients. It is expected that the new Nelson Hospital, which has been built to meet the needs of South Wimbledon and Merton, will be opened by Princess Louise (Duchess of Argyll). It is named after Nelson, who made Merton his home, and there are eight wards named after famous battles, ships, and men, such as Trafalgar, Copenhagen, Victory, Vanguard, Hardy, and Collingwood.

## THE NURSING CONFERENCE.

TUESDAY, APRIL 23rd.

## SESSION I.

Miss Eleanor J. Law presided at the first Session of the Nursing Conference held in the Hall of the London County Council Technical Institute, Westminster, in connection with the Nursing Exhibition.

## HOW TO WORK UP A CONNECTION.

Miss E. M. Waind, as we briefly reported last week, presented a well-considered paper on this important subject, and laid down that to work up a connection, time, capital, and very efficient help from all the members of an Association are necessary.

Miss Waind lays stress on the importance of careful consideration in the choice of a staff, for the early members of any Association are its very foundation stones. It is better, she holds, to start with a few thoroughly efficient, and, if possible, personally known members, than to hastily collect a large number of strangers who may, or may not, work loyally in the up-building of the reputation of the staff.

She points out further that it goes without saying that all nurses engaged in private work must have had at least three years' training in a good general hospital or infirmary, and the additional knowledge of massage, midwifery, and fever nursing is now a very usual advantage. A few years' experience as ward sister, or responsible staff nurse, of course add their value to those who have held appointments before taking up private work. All members must be able to give excellent references from the Matron or Matrons under whom they have worked, and all must be specially chosen for work in a private house. Miss Waind also emphasized the importance of personality and individuality in the private nurse.

## NEW METHODS IN NURSING.

Miss Alice M. M. Park, of Guy's Hospital, formerly Matron of the General Lying-in Hospital, London, and of the Government Civil Hospital, Kandy, Ceylon, described some new methods employed in both medical and surgical nursing. Baths, diet, the preparation of patient and room for plastic operations, the various saline injections employed, and their special uses, the nursing of orthopaedic cases were all touched upon. In connection with the feeding of patients with gastric ulcer, Miss Park described why the practice of withholding food and fluid by mouth had now been largely discontinued. Scientists have discovered that whether food is given or not gastric juice flows into the stomach at regular intervals at the expectation of food, and that this is harmful. The object of the Lenhart treatment now often used is to banish the expectation of food by spoon-feeding the patient at half-hourly intervals at

first, so as to entirely banish the expectation of food, gradually increasing the diet, if all goes well, until in three weeks time full diet is taken.

## HOW TO START A NURSING HOME.

Dr. Anthony B. Bradford stated that the first Nursing Home was started about thirty years ago. It was a kind of joint stock business, run by a lady who kept lodgings and took in a few patients! She called it a *Home*, but that must have been a very unsuitable word. This curious institution was the parent of the present-day institution of that name. The reason that it has a bad name to-day, the lecturer averred, was that it had not got rid of its parentage. He strongly objected to the name as inappropriate; it should be described as a private hospital. The practice often adopted of adapting a private domestic house, to suit the purposes of a Nursing Home, he strongly condemned. The speaker very clearly showed how success might be achieved, if certain essentials were strictly observed and the tastes and wishes of patients were consulted.

As the object was or should be to supply other people's wants, so those wants should be fully and satisfactorily supplied. The chief of which was sufficient, well-cooked and suitable food. The culinary department in most nursing homes, he declared, was very defective; he attributed the reason to the fact that so many people started nursing homes without sufficient capital. Private houses were not suitable, and could not be adapted to meet the needs and comforts of the patients. Another objection was that such houses did not come under the control of the sanitary authorities. The doctor was strong on the point of good pay for good work. A good cook and a good nurse were requisite to the success of a nursing home, and both should be well paid.

The cook should receive from £70 to £80 per annum. He considered that this department was very much neglected, and was one reason of failure. To start a Nursing Home with insufficient capital is a great mistake, and one very commonly made. To do the thing properly, Dr. Bradford said, the calculation should be £250 capital per bed. The staff was the next point dealt with. Fully-qualified and efficient nurses were an absolute necessity. They should be well-paid; the salary not to be less than £52. He deplored the habit of engaging unqualified women, because of cheapness; half the Nursing Homes, he said, adopted this practice, which is unfair to the patients. Nurses should be properly paid and properly fed; they should also have liberal holidays—one month a year and week-ends. The doctor related how horrified he felt when he heard an owner of a Nursing Home boasting that she could feed her staff for 6s. a week per head!

Details are very important—small things matter, the doctor emphasised. Don't irritate patients with vexatious rules; don't dictate to patients what they shall have, if they are ready to pay for it. Adapt yourself to the people out of whom you wish to make money. Dr. Bradford concluded by



saying that it was possible to make a good business out of a Nursing Home, if these essential points were observed. *Good food, good cooking, good salaries.* These, he insisted upon as all important, if success was to be achieved. The lack of them would doom any place to failure.

#### SESSION II.

Miss Holberton, Matron of the Paddington Infirmary, who presided at the second Session, expressed the opinion that the definition of a standard of nursing must precede further progress.

#### THE SYSTEMATIC TRAINING OF NURSES.

Miss M. Riddell, Matron of the Chelsea Hospital for Women, advocated preliminary examinations for prospective probationers, and if practicable preliminary training schools. One of the first lectures given to probationers after entering the hospital, by the Matron or Assistant Matron, should be on hospital etiquette, always rather a stumbling block to the uninitiated. Miss Riddell then outlined the course to be followed during the three years' training, included in which she considers should be lectures on drugs and dispensing by a qualified dispenser. Incidentally she mentioned Miss Dock's "*Materia Medica for Nurses*" as invaluable.

Miss Barton, Matron of the Chelsea Infirmary, in discussing the same question, said this is the most important subject from the point of view of the patients, the public, and of nurses themselves. But in considering it we are met at once by the difficulty that we can give no definition of a trained nurse. There is no established standard, every training school is a law to itself. It depends on the ability, energy, and conscientiousness of those for the time being in authority what the standard is and how well it is maintained.

She described various methods for ensuring that probationers are taught, and become proficient in the nursing duties required of them. She mentioned the advantages and disadvantages of poor law training, and raised the question of the desirability of extending the course of training to four years, and in this event the possibility of affiliation with special hospitals for training purposes.

Mrs. Bedford Fenwick pointed out that by Statutory Registration professional education could be organized, but by no other means. Other papers presented in this Session were on "*Some Difficulties of the Private Nurse*," by Miss Isabel Macdonald, and "*The Training School Curriculum and the University Course of America*," by Miss M. S. Rundle, which we printed in an abridged form in our last issue.

Miss Rundle has had the advantage of instruction in connection with the course of Hospital Economics given to nurses at Teachers' College, Columbia University, New York, under the supervision of Miss M. Adelaide Nutting. She considers that the greatest value of the course lies in the fact that it is the centre to which trained nurses turn for visions of the ideal, as well as for practical help and guidance.

WEDNESDAY, APRIL 24th.

#### SESSION I.

Miss S. M. Marsters, Superintendent of the Paddington District Nursing Association, presided at the afternoon Session, when the first paper presented was that by Miss Catherine Crowther (Q.V.J.I.) on "*Branches of the Nursing Profession*," in which she described the various openings for nurses. The paper was read by Miss White, Senior Assistant in the Office, as Miss Crowther was unable to be present.

#### OPENINGS FOR DELICATE OR ELDERLY NURSES.

Miss M. G. Spencer of the Central Bureau for the Employment of Women presented the first paper on this subject, and said that experience leads us to expect that the nurse with hospital and institution work to her credit will be adaptable. Strenuous work at all hours and in all seasons will have prevented her from getting into a monotonous groove. The nurse's outlook is fresh and hopeful, and she looks on retirement as an opening into a new life of interest and activity.

What her future shall be depends on her individual taste, on whether she has a small nest egg, and on what the public want.

Questions affecting her decision are:—Is she a born organiser, or public speaker, are her sympathies political, or is she a student, loving her own domain, does she take up new ideas quickly? The care of convalescents, of a rest house, an invalid kitchen are possibilities; she might take week-end visitors in a country cottage, manage village property, or run a tea room, or a hand laundry with a mender attached, or become a stewardess on board ship. Nurses must remember that their own profession is most highly organized, and they would miss this on entering another.

Miss Marsters mentioned Health Visiting as a possible occupation for a retired nurse, but said that the pay was not very good.

Miss Breay remarked that the position of nurses who accept posts as stewardesses is not satisfactory as they do not rank as officers but are placed under the purser. She expressed her astonishment at hearing the nursing profession described as highly organized, and said it had no standards, no state recognition. The result was apparent in connection with the National Insurance Act, in which *trained* nurses were not mentioned. Also on the Advisory Committee, while registered midwives with three months' training were granted representation, three years' trained nurses had no such corporate recognition.

In a paper on the same subject Miss Rosa Smith said that the first difficulty to combat is the almost invariable wish of the nurse to start a small boarding house or nursing home which she spends all her savings in furnishing, and as she is seldom a sharp business woman the scheme ends in saddest disaster. She mentioned rescue work, in charge of small homes, as work for which a nurse's previous experience qualifies her.



## DAILY VISITING NURSING.

The possibilities of daily visiting nursing were discussed in a paper by Miss Moore, who however considered that, to make it pay, the nurse must work night and day, but that as a means of increasing an income it affords a free and independent life.

Miss Marsters thought that a District Nursing Association could often send on cases to a visiting nurse especially for night duty. A member of the audience mentioned the case of a patient with £20,000 a year who as a subscriber of 15s. a year to a district nursing association, insisted on having one of its nurses for night duty.

## SESSION II.

Miss L. V. Houghton, Matron of Guy's Hospital, presided at the Evening Session, and in introducing Miss Fox, the reader of the first Paper (on Nursing Ethics), said that the subject deals with our relation to each other, to the medical profession, and to the public. That there is no doubt the schools pay great attention to practical details, but are not always so particular in giving instruction on the question of ethics, and nurses sometimes fail in the way they conduct their business relations and manage their professional engagements.

## NURSING ETHICS.

Miss E. M. Fox, Matron of the Prince of Wales' Hospital, Tottenham, expressed the view that the ethics of the nursing profession are in danger of being overlooked, and that, as an American writer has pointed out, we run some risk of losing out of the very heart of nursing that which is to its welfare what the Capitol was to Rome. We live in a commercial age, and may lose the spirit of the Great Healer. Every profession has its science of morals, which is not apart from the universal law, but a closer application of that law. The speaker referred to the oath administered to graduating nurses in the Toronto Training Schools, which she described as a vow of loyalty to patients and physicians. She spoke of the loyalty of the members of the medical profession to one another, and as a proof of its solidarity, instanced the way in which it has rallied to the call to oppose the Insurance Bill. She spoke of the insidious flattery of patients who told the nurse they would rather have her opinion than the doctor's any day. The ideal nurse was, she said, very reserved and reticent, especially as to her own affairs. She instanced the unwisdom of the nurse who informs her patient that she is so dead tired that she cannot put one foot before another.

She spoke of uniform, which is sometimes worn so as to be repellant rather than attractive. The ethics of personal appearance demand that the nurse shall be clean and tidy and her uniform in order, whereas it is sometimes worn even with stockings in holes. Carelessness in dress and manner does not inspire confidence.

She mentioned a private nurse who stated that she could not go to a case with less than three

evening gowns, the bad taste of nurses who spoke to patients of valuable gifts received from others they had nursed, and condemned the acceptance of secret commissions.

To ensure the subject being understood the lecturer expressed the opinion that lectures in ethics should be given to probationers.

Miss Breay suggested that it would be conducive to clearness if those included in the nursing profession, who should be bound by nursing ethics, were defined. She thought nurses were accused of many offences against their professional code which were not committed by their own members.

The chairman said that until the profession was recognized by the State it was very hard to define who were its members. She thought the definition might be those who had received full hospital training.

Miss Rosalind Paget asked when the nurse's duty to the doctor and the patient conflicted, which came first. The chairman thought no general rule could be laid down, but that each case must be left to the nurse to find the right way out. Miss Paget said that one's outlook on leaving hospital and ten years later was very different.

## OPHTHALMIC NURSING.

In a paper on the above subject, read by Miss Vaughan, stress was laid on the fact that no strong antiseptic should be used in eye work. In the preparation of the patient for operation attention should be paid to the hair. Discharge from the eyes, ears, nose, and sores on the head were an indication that operation should be deferred. Perchloride of mercury lotion 1 in 10,000 is usually used for syringing eyes. After an operation for glaucoma the head should be kept between sand bags for twenty-four hours, and it is of the utmost importance that vomiting should not occur.

In reply to a question as to why a solution of 1 in 10,000 of mercury was used in preference to sterile water, as the former was of no value as a germicide, a member of the audience stated "we always used it in Jerusalem." Miss Marsters emphasised the importance of experience in eye work for district nurses.

## THE QUALIFICATIONS FOR MENTAL NURSING.

Miss Burnaby Davies, Sister at St. Luke's Hospital, Old Street, E.C., said that it was not a difficult matter for an ordinary intelligent person to appreciate the responsibilities and position of the nurse with general training, but mental nursing is very imperfectly understood. General training alone is of no use in dealing with an acute mental case. The nurse must have had a long and thorough training in mental work.

The classification of the various forms of insanity is possibly a fairly simple matter. To manage an insane case as the different temperament and mental condition demands is another and more difficult business altogether.

(To be continued.)

## PRACTICAL EXHIBITS.

A very interesting exhibit at the Nursing and Midwifery Exhibition was that organised by *Nursing Notes* and the *Queen's Nurses' Magazine*, on the first floor. The first model, on entering the door, was one arranged by Miss du Sautoy, showing, in two sections, a cottage lying-in case, before the days of the district midwife, and after. Amongst the exhibits were an improvised bed-slipper (an ordinary enamelled pie-dish), sent by the Hammersmith and Fulham District Nursing Association; a carrying-chair, made of roller-towelling and two poles; an expedient for keeping mackintosh tight round a bed with poles inserted and straps buttoned underneath—sent by the Dutch Nurses' Association. A simple dust and fog-screen, which filters the air as it enters the room—sent by the Metropolitan Nursing Association. The Midwives' Institute sent, amongst other things, examples of their teaching apparatus and anatomical specimens; there was also a very perfect specimen of a caul; a copy of "English Midwives: Their History and Prospects," by Dr. J. H. Aveling, showing Mrs. Cellier—a noted midwife—in the pillory. The Home for Mothers and Babies, at Woolwich, sent a home-made incubator, and a cheap hammock cot; the General Lying-in Hospital, a specimen of case-taking, entitled "Notes of Pregnancy," and an electric incubator; and Dr. Clement Godson, most interesting specimens of votive offerings to Æsculapius, B.C. 293, and some Roman votive offerings discovered on excavating a temple of maternity near Capua, probable date 200–300 A.D.

## THE NATIONAL LEAGUE FOR PHYSICAL EDUCATION AND IMPROVEMENT.

A most instructive exhibit was organised in two rooms, by the above Society. In a Baby Clothes' Competition, prizes were awarded as follows: *First Prize*: Manchester School of Mothers; *Second Prize*, Reading Health Society; *Third Prize*, Miss Featherstone.

The Pictorial Health Posters, of great educative value, useful for lecturing purposes, and most attractive, created great interest. Prizes were awarded as follows: *First Prize*: £5 5s., awarded to Miss Louise Jacobs, for a poster in three sections—"A bad way, a better way, the best way," showing the danger of hand-feeding with contaminated milk, a mother holding the right kind of bottle, and natural, regular, feeding. *Second Prize*: £3 3s., Miss L. D. Symington, showing the funeral of a tubercle bacillus exposed to direct sunlight. *Third Prize*: £1 1s., J. Reynolds Sykes, pointing the moral "Feed Baby Yourself." Other posters by Miss Evelyn Nickels and Miss Mabel Heelas won well-deserved commendation.

Prizes were also given for photographs, illustrating the work of Health Societies, and were gained by (1) Miss M. Jessie Lloyd (Birmingham Infants' Health Society); (2) Miss M. Quillian (Bournemouth Health Association); and (3) Miss M. Williams (St. Pancras School for Mothers).

## LITTLE CUCKOO FLOWER.

(Continued from page 340.)

## CHAPTER II.

The poor can seldom afford the luxury of woe.—The day after Jesse's funeral his widow awoke to the fact that he would not be there on Saturday to hand her his weekly wage of fifteen shillings to provide for their material needs. But there was nothing of the parasite about Martha. Whatever her fine, strong hand found to do, was well done, and she had always supplemented the family income. She had been a laundry maid before marriage, and her getting up of fine linen was a marvel. No one else could satisfy the parson in the clear starching of his surplice—now that he had discarded his old black gown. So taking little Cuckoo Flower by the hand, Martha made so bold as to call on "t'ode squoire," and with courtly curtsy to petition that she might still rent the little cottage by the wood—at the cost of two shillings weekly. This she was permitted to do, and there for the next four years she worked hard, and made a happy home for her charming child.

For it was just that; the child had charm, that magnetic gift, which can never be acquired. As she grew from infancy to childhood this grace became more apparent—the creature had a gracious soul. The old realised it—as when willowy sprite she would help them over stony places. The animals knew it—they knew that no one could speak and understand their language, or enter into their joys and sorrows, like little Cuckoo Flower. Indeed Martha had been reproved for refusing to keep a pig.

"You see," she had replied, "little Cuckoo Flower, she does so love a pig, she can't abear to have it killed—it just breaks her 'eart—and she won't eat a mouthful not if it was ever so."

"The truth is you let the child be Mester," said Betty Brown testily, and she spoke further on the matter, ending with the question, "You agree with what I'm asaying, don't yer, Martha?"

"Begging of yer pardon, Betty, I wasn't alisting," replied Martha Martin.

That was it. Why waste time listening? Who could teach her anything about little Cuckoo Flower she did not know? Not even parson's wife, who adored the child and who was "larning her to be a scholard."

Thus the years passed. Year in year out made but little difference in those far off days to the



dwellers in rural places—far from the throb of progress. They were of the soil, and they loved it. Animal they were; how could it be otherwise? Work, food, drink, raiment, made up the sum total of their aspirations. Yet rough wit and laughter, helping hands and tears there were in plenty. Of crime there was little, and it was the village boast "as none of 'em 'ad been to jail for a matter of ten year."

\* \* \* \* \*

A Saturday evening in August, and harvest time. Martha was a bit behind with work, and parson's surplice was still on the line. She skimmed the iridescent bubbles from her arms—and ran into the field to fetch it, from where it hung this airless hour as still as a corpse. Cuckoo Flower was in the garden she loved giving drinks from her little green can to the fainting flowers, and cheering their thirsty roots with happy inspiration. As her mother hurried back with the surplice over her arm, she stopped to listen to the quaint conceits of conversation.

"Never did I 'ear the like," she murmured to herself, "but o'course she's one of 'em."

"Cuckoo Flower," called her mother presently through the kitchen window, "You mun take parson's gownd to vicarage—put on a clean pinny and bonnet."

When a few minutes later the child came to the kitchen for the basket, dressed in her fresh cotton garments—faintly pink with much washing—she might have been likened to many flowers. A tender rose bud of a dewy May morning, her eyes intense and violet as any pansy, marigolds flaming for hair. Mother Martha absorbed all the sweetness and gathered the child to her heart. "Kiss us goodbye, little darlint," she whispered softly. Then she went out with her to the gate, and watched her trip lightly across the parched pasture. "Come quickly back," she called after her, as the child came within the shadow of the wood.

Cuckoo Flower—pretty lamb—nothing fearing, waved her bonnet and disappeared from view.

\* \* \* \* \*

Half an hour passed. Martha was busy ironing. Once she thought she heard the child's voice calling. She stepped across to the window, but there was no Cuckoo Flower in sight. A little well-worn bible lay upon a mat on the window ledge, between pots of white geranium and golden musk. Martha opened the book, and her eye fell on words she

loved, "Ye shall not afflict any widow or fatherless child." Thus God spake. She smiled. She was a strong, tender, faithful creature, and she believed in the protective love of God for little Cuckoo Flower. She felt that the fatherless and the widow were precious to the Most High. She closed the Holy Book. Again she glanced through the window toward the wood, then back at the clock. How furiously it ticked and ticked.

Ah! all precious passing moments of time—for ever and for ever lost!

Martha Martin lived for forty years after that summer's day, but the moments in which she held God's Word in her hand, and looked up through the golden haze—beyond the high vaulted purple heaven, to where she visualised the white steps to the Throne—were, had she but known it, the moments in which she could have saved her heart from breaking and her soul alive! But she did not know.

The sun was sinking. She went out to the gate and shaded her eyes.—She called the child by name—and then, suddenly panic stricken—trembling yet surefooted, she ran across the field and into the wood.

\* \* \* \* \*

It was an hour later when they found little Cuckoo Flower. Those with her mother shook when they thought of it, and spoke low in the throat.

She lay trampled and abandoned—her garments rudely torn, her dead eyes open wide—still mad with horror, her little, piteous white face blotched with blood.

It was Martha who gathered her up—crushed and broken—a sapless flower!

Those who have seen an imprisoned beast scorched with flame know something of the inhuman cry wrung from this heartbroken mother as she swept past with her dead. It was a sound fresh escaped from Hell.

\* \* \* \* \*

The doctor, kind man, came and gave his opinion—in terms human enough. Death from outrage and shock. Others came later, men of law—if not of justice—and with them twelve good men and true. These were more ambiguous in their use of words. Murder? No. Manslaughter? Perhaps. If so, against some person or persons unknown. And much indecision as to how to hunt the criminal down.

Then the mother, calm for the time being, stood up and said her say, and there was no mincing of words as to her verdict. "This be black and bloody murder," she cried, "murder most horrible, of body and of soul. Him as 'as done this fearsome deed must swing. Men,



I mun 'av joostice—joostice I will 'av, so help me God."

\* \* \* \* \*

Later, poor little Cuckoo Flower was laid in earth—the pity of it! Her narrow world wept for her, the parson's wife right sore.

Yet the ravening beast who had devoured the flower of her youth, and polluted her fair and tender body, went free. Man's too casual law called none to answer for this diabolical crime. Martha, grey and shattered with grief, waited on Justice. Was it not written:

"He shall not afflict any widow or fatherless child.

"If thou afflict them in any wise and they cry at all to Me, I will surely hear their cry;

"And My wrath shall wax hot, and I will kill you with the sword."

ETHEL G. FENWICK.

(To be continued.)

### A ROYAL BAZAAR.

The West London Hospital Bazaar to be held at the Town Hall, Chiswick, on May 8th and 9th, promises to be a delightful function and will be opened by Queen Amelie of Portugal at 3 o'clock. A very influential and energetic committee has been at work for months to make the bazaar a great success—and the fact that the Queen has entirely furnished a stall with Indian and other articles will ensure a brisk sale of Her Majesty's contributions. On each afternoon and evening there will be a succession of entertainments, concerts and side shows and the last evening everything will be sold by auction. Mrs. Shuter, who is on the Executive Committee, will be pleased to receive donations however small, at Cleveland House, Chiswick Lane, W., from friends who cannot attend. We wish great success to the undertaking—as the West London Hospital is indispensable to the poor of Hammersmith.

### A JOURNALISTIC SCOOP.

"Absolutely contrary to fact," is the description applied to one-half of the allegations contained in Sir Henry Burdett's criticism of Sheffield Royal Hospital, in a report of a Special Committee of Investigation, presented at the recent quarterly meeting of the Board.

The Committee, in conclusion, can only suppose either that their critic's inspection of the Royal Hospital was "very imperfectly performed; or that, amidst the number of institutions visited, his memory of details has failed him, or his notes have been accidentally misplaced."

Why consider such allegations at all? If it amuses Sir H. Burdett to motor around in search of journalistic copy for his hospital newspapers, why help him to effect a "scoop?" Hospital committees would be wise to treat these methods of "business" with contempt.

### COMING EVENTS.

May 4th.—Poor Law Infirmary Matrons' Association Meeting, St. James Infirmary, Balham, S.W. (by invitation of the Matron, Miss Todd), 3.30 p.m.

May 4th.—League of School Nurses. Fancy Dress Dance, St. Bride's Institute, Bride Lane, Fleet Street, E.C. 7.30 p.m.

May 6th.—Medico-Psychological Association. Preliminary Examination.

May 7th.—East End Mothers' Lying-in Home. Annual Meeting. 25, Rutland Gate, S.W. Chair, Viscount Goschen. 3.30 p.m. Tea and coffee.

May 8th and 9th.—West London Hospital Grand Bazaar, Town Hall, Chiswick. Opened by Queen Amelie of Portugal, 3 p.m., on 8th, and by Princess Victoria of Schleswig-Holstein at 3 p.m. on 9th.

May 9th to 11th.—The Child Study Society, Annual Conference, University of London.

May 13th.—Medico-Psychological Association, Final Examination.

May 13th.—National Food Reform Association Conference. Diet in Schools. The Guildhall, E.C.

June 6th to 12th.—Nurses' Social Union, Health Conference and Exhibition, the Victoria Rooms, Clifton, Bristol. Nurses' Day, June 6th, 2 p.m.

### LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

#### "NEARER MY GOD TO THEE."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM.—In the leading article in the B.J.N. for April 27th, I notice a quotation from the well-known hymn, "Nearer My God to Thee," the authorship of which you attribute to "Mrs. George Adams."

May I be allowed to say that it was written by Mrs. Sarah Flower Adams, the wife of a Unitarian minister, and herself a Unitarian and an American. I am sorry I cannot give the date. Thanking you for inserting this correction,

Yours truly,

E. HORTON.

The Nurses' Club,

Lansdowne Crescent, Glasgow.

#### THE B.M.A. AND NURSES' REGISTRATION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I was delighted to read Sir Victor Horsley's remarks at the meeting of the North London Nursing Association, as reported in your issue of April 13th. He is reported to have said: "The British Medical Association was foremost in this fight at the present moment for Registration" (of trained nurses). I presume there is some foundation for this statement, or it would not have been made, and hope the British Medical Association have instructed their members

who are in Parliament to bring all the pressure possible to bear upon the Government to induce them to make the Nurses' Registration Bill a Government measure. Also that individual members are urging the members representing the constituencies in which they live, to vote for our Bill. If this is so, possibly our Bill may get a second reading, for men have votes, and the British Medical Association is a powerful body, as the Government already know to their cost, whilst we are voteless and, therefore, politically powerless.

It is curious that the medical profession, whilst fighting so strenuously over the National Insurance Act for their own rights, so persistently ignored those of their co-workers—the nurses.

We are most grateful to those medical men—Sir Victor Horsley among them—who are voicing our needs, and the righteousness of our cause; also for the resolutions which the British Medical Association have passed from time to time; and now that we have that very powerful body "foremost in the fight at the present moment" we may soon expect to see some definite result from their actions.

Yours truly,

MARY BURR.

Montreux.

#### FORCIBLE FEEDING IN AYLESBURY GAOL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—Will you allow me to say that I have written the undermentioned letter to the Home Secretary? I have also written in a similar strain to the Member of Parliament for my division.

I am, yours faithfully,

HERBERT CARRE-SMITH.

Holland Park Avenue.

[COPY OF LETTER.]

To the Right Hon. Reginald McKenna, Principal Secretary of State for Home Affairs.

SIR,—As a medical practitioner of nearly twenty years' standing, may I record my deep sense of regret and astonishment that you should countenance the practice of forcible feeding on certain of the ladies confined in Aylesbury gaol? It has been shown by some of the leaders of our profession that it is dangerous and admittedly a disgusting, cruel and abominable practice. I cannot believe that you know the real details of this method, or I feel sure you would not allow it to be used on these prisoners.

It is with a deep sense of shame that I learn it has been used on, amongst others, a lady member of our profession (Dr. Ede), and I shall do my utmost in every direction to call attention to what is nothing but sheer cruelty under the present circumstances. I am writing this purely as a medical man, having no reference whatsoever to party politics, or to the suffrage question.

I remain, yours faithfully,

(Signed) HERBERT CARRE-SMITH,  
(L.R.C.P. Lond., M.R.C.S. Eng.)

#### THE SPIRIT OF THE MOVEMENT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—If Miss Griffin does not "in the least approve of the wrong and stupid offence," why petition for the offender?

Is it possible that readers of THE BRITISH JOURNAL OF NURSING still fail to realise the spirit that is behind this great movement?

Miss Griffin says: "One is struck by the difference in sentences meted out for men and women." That, in itself, should call for some thought from her upon the subject.

Perhaps the W.S.P.U. organiser, which, I am glad to see, has started a branch in Maidstone, may be able to persuade Miss Griffin that there is no doubt as to the normal state of Miss Pitfield's mind; and, in fact, the minds of any of our brave sisters who are fighting for equality before the law. The struggle for State Registration, which we have had for so long, should be enough to teach any thinking nurse that without votes our work for the same is powerless.

I enclose my card, and beg to remain,

Yours truly,

NORMAL MIND, W.S.P.U.

[The militant attitude of mind is, perhaps, more difficult for trained nurses to understand than for any other class of women workers—the habit of obedience and self-suppression is so strongly enforced during training. Nursing is essentially a peaceable vocation, and the struggle for State Registration has proved very trying to those who love to have it so, yet how determined is the opposition upon the part of many of their employers to liberate them from economic subjection. Without fighting these reactionary men, we realize there is no hope of just conditions for nurses. We have this week sat beside the sick bed of Miss Pitfield, and heard of her sacrifice of physical well-being and worldly happiness for the emancipation of her sex. It is good that there are women prepared for such martyrdom—it is a terrible lump of selfish and timorous apathy they have to leaven. We feel sure Miss Pitfield is deeply appreciative of the work of Miss Griffin and others, in proving their sympathy with the pains and penalties she had to suffer in Holloway, by doing so much to further the petition for her release. ED.]



#### OUR PRIZE COMPETITIONS FOR MAY.

May 11th.—Tell what you know of modern methods of treatment of Lateral Curvature of the Spine?

May 18th.—Give some hints how to be popular as a Private Nurse?

May 25th.—What meals should be served in hospital wards daily; how, so that they reach the patient in an appetising form?



# The Midwife.

## THE MIDWIFERY CONFERENCE.

TUESDAY, APRIL 23rd.

### FIRST SESSION.

Dr. Prudence Gaffkin presided at the first session of the Midwifery Conference, in connection with the Nursing and Midwifery Exhibition, held at the London County Council Technical Institute, Westminster.

#### MIDWIVES AND INFANT MANAGEMENT.

Dr. Eric Pritchard, Senior Assistant Physician at the Queen's Hospital for Children, N.E., presented a most interesting paper on "The Training of Midwives from the Point of View of Infant Management," a question which he holds to be in close relationship with that of infant mortality. "The younger the infant the more dependent is it on the conditions of the environment; it is therefore during the most critical period of its existence that the arbitrament of its fate rests in the hands of the midwife, whose will is supreme and whose word is law during these early days."

Dr. Pritchard said in part: "That midwives can do magnificent work when they are properly instructed and informed is proved by the triumphs which have crowned their efforts in the prevention of ophthalmia neonatorum and puerperal fever. . . . If midwives can deal with such scourges as gonorrhœal ophthalmia and puerperal fever, they can certainly deal with the same success with many of the common evils to which new-born infants are subject. Only they must be properly taught and properly instructed."

"I do not think much fault can be found with the schedule of requirements as demanded by the C.M.B. . . . A careful scrutiny of the schedule of requirements should, I think, convince any impartial person that if its provisions were honestly carried out by both teacher and candidate, they would be amply sufficient to ensure an adequate education for the practising midwife. But that such knowledge could be acquired by a previously uninstructed person within the prescribed period of three months involves an effort of the imagination which can hardly be expected of any sane individual. Within the narrow compass of three months how can any individual be expected to acquire proficiency in the management of labour, the management of the infant, not to speak of learning how to recognise the presence of serious complications, the significance of rashes, and the evidence of venereal disease? Many a woman can be present at and even be responsible for the management of 20 labours without seeing a single complication, a single rash, or a single symptom of venereal disease in the parent or in the child, and yet at the end of this period the law allows her to take upon herself one of the greatest

responsibilities that can devolve on any human individual, namely, the care and management of a mother and child at the most critical period of their respective lives.

"I have recently made a tour of inspection of several of the Metropolitan lying-in institutions, with the object of ascertaining what kind of education it is possible to give to intending midwives within the prescribed period of three months. Excellently conducted as some of these institutions are, especially with respect to the facilities which they afford for acquiring a knowledge of the practice of obstetrics, it is impossible to deny that even the best of them are incapable of turning out even a tolerably efficient midwife within the period of time that is prescribed by the Midwives Act of 1902. . . .

" . . . I believe, however, that at the end of their training in properly equipped Metropolitan institutions intending candidates are relatively proficient in the practice of obstetrics. As regards their proficiency in the management of infants, I am not prepared to go bail, and for this I unhesitatingly blame the authorities of Lying-in Institutions, and the system of subordinating the interest of the infants to the interests of the mother."

Dr. Pritchard states that we are much behind foreign authorities in regard to the management of the breast-feeding of infants; that only in one institution in England is the precaution of estimating what the infant receives by means of the "Test Feed" observed; and that in relation to the stools, sore buttocks and their prevention, the meconium, green stools, thrush, &c., more systematic instruction should be given. He attributes this neglect in matters of detail to the fact that the nursing staff in many maternity hospitals are decidedly overworked, and cannot give sufficient time to the individual teaching of the pupils; and is also of opinion that sufficient regard is not paid to the individual capabilities of the Sisters and Midwives, who are responsible for instructing the pupils. Teaching is a gift, and it by no means follows that the best midwives and the best ward sisters are the best teachers.

He thinks further that every sane person must agree that it is impossible to train a midwife or a maternity nurse in three months, and would like to see the period extended to two years for those with no previous experience in general nursing, and to one year for those who have had such experience. He suggests the establishment of an "Infant Consultation" department, in charge of a member of the medical staff, in connection with lying-in hospitals, for babies born in the service of the institution and the immediate neighbourhood; and, thirdly, that a system for inducing midwives to return to their training school for post-graduate instruction after three or four years should be established.



## WEDNESDAY, APRIL 24th.

## SECOND SESSION.

## MIDWIVES AND THE PREVENTION OF DISEASE.

On Wednesday, April 24th, Dr. Marion Andrews presided over the afternoon meeting, and at once introduced the first speaker, Miss Steen, Inspector of Midwives for the County of Nottingham. The speaker began by pointing out that nothing is so costly as disease, and that if midwives could succeed in lessening it, they would have done a great thing. She referred to the emphasis laid by Herbert Spencer on the importance of vigorous health and its accompanying high spirits; and consequently of the importance of teaching on health subjects. She said that the work of midwives lies amongst the poorest—those who are mostly engaged in work, and have no time to acquire knowledge for themselves, who come under the charge of midwives at a time when they are most open to conviction; and that it is the coming generation, more even than the present one, which may, and should be influenced by midwives. If the Midwives Act had been in force ten or twenty years ago, would so many school children need attention to-day?

Cleanliness is, she said, the foundation of all the efforts of midwives—the great safeguard—it is placed first and foremost in the rules of the Central Midwives' Board, and without it the Midwives Act would be a dead letter.

Mothers should be instructed that any delay in obtaining treatment, in cases of ophthalmia neonatorum may result in blindness, or at least in a miserable condition of vision for life; and in other simple hygienic measures. The key-note of the science of hygiene is that it makes life more vigorous, and death more remote. Prenatal influence on the child is so great that mothers should have this fact impressed upon them. They should be taught to avoid stimulants, and that stays should not be worn after the fourth month; stays cause pressure from above, and there is consequently a danger of prolapse; a belt gives support where it is required. Midwives should also advise their patients as to the necessity for the cleanliness of their surroundings. Before a confinement the walls of a room should be washed, or lime-whitened. If there is a carpet, it should be removed; and air should be freely admitted, as the windows in cottages admit only light and not air. The services of the husband can often be requisitioned to attend to these details. Pure air is essential to health, and to live in foul air means a lowering of the vital functions. It is noticeable how many people habituate themselves to a vitiated atmosphere, and in a crowded railway carriage, for example, will close all the windows. It is, however, noticeable, that school children are beginning to prefer open windows. Other points on which patients should be instructed are the method of the disposal of refuse, which should be burnt on the kitchen fire; and the danger of infection by flies; the midwife should acquaint herself with the state of the drains, and, if necessary,

report unsatisfactory conditions to the inspector of nuisances. Defects in the spouting round the roof should be noted. Every house should have a damp-proof course, as if not, damp ascends, and dampness makes a house cold.

One of the audience enquired whether ophthalmia neonatorum could always be prevented?

Miss Steen was of opinion that with thorough care it could be.

Miss Breay enquired whether it was proposed that midwifery pupils should receive instruction in sanitary science during the three months they were preparing for the examination of the Central Midwives' Board, and whether it was considered desirable that that course should be lengthened?

The speaker replied that such simple sanitary matters as she had mentioned only needed a little common sense.

Miss Elsie Hall said that she had had a good deal of experience in training pupils, and what was usually called common sense might be more aptly described as rare sense.

In reply to a question from Miss Steen, the chairman said that the most prominent complication subsequent to child-birth, as seen in the out-patient department of women's hospitals, was chronic pelvic inflammation, which was always due to infection. There was such a thing as auto-infection, but it was not common, and in the days when puerperal fever was rife, the women who escaped were those who had the "good luck" to deliver themselves.

## ORGANIZATION.

The next speaker was Mrs. Margaret Lawson, President of the National Association of Midwives, who said that the Conference had considered the duty of midwives to their patients and she proposed to speak of their duty to themselves, which might be comprehended in the word "Organize." Before the passing of the Midwives Act in 1902 midwives had, she said, no social status and no political status. She pleaded with them now to organize and combine. All were inclined to stand aloof from one another. The trained nurse-midwife would not know the woman trained only in midwifery, and the trained-midwife held aloof from the *bona-fide*. Let them take to heart the example of doctors and lawyers, who had the strongest trade-unions and the best organized professions. When midwives were as well organized they would get most of the things they asked for. She instanced the position accorded to women doctors under the National Insurance Act on the Advisory Committee. That was because they belonged to a well organized profession.

Mrs. Lawson said that when she attended the Conference last year it was afterwards stated in a nursing paper that "Mrs. Lawson was the only critic." That was grossly unfair; she was present, she asked the audience to remember, as the delegate and as representing, not her own views only, but the views of 2,000 women in the North of England, and if she did not do so she would soon be called to account. She hoped, however, that when she

forgot to be honest to her class and her profession that she would never speak again.

Referring to the *bona-fide* midwives Mrs. Lawson said that there were some grand women amongst them, women who did things for the pure love of their fellows. They should combine with these, and there was urgent need for combination. They should have a vigilance committee holding a watching brief in connection with every fresh piece of proposed legislation affecting their work.

In the past they had had well-meaning friends, but, said Mrs. Lawson, unless the desire comes from within nothing will raise your status. No outsider can do that for you.

Every midwife should set out with an ideal, and avail herself of any opportunity for broadening her outlook, in connection with her duty to her patients, and their children. In Lancashire 75 per cent. of the childbirths are attended by midwives, so the responsibility and power of influence of the latter is great. By combination midwives come into contact with others and you find out that though you know quite a lot, there are others who know things which you do not. There is a proverb, said the speaker, that "experience teaches fools." "Well," she remarked, "that is where people make a mistake, it doesn't."

It is, she further remarked, largely owing to women that women doctors are not more employed. "If you want to uplift your sex," she said, "be loyal to them and help them along." It was sometimes said to her that men would tell men doctors their symptoms, but it was outrageous for a woman to doctor a man. Did not the same apply to woman? Was it not easier to confide in a member of one's own sex?

Mrs. Lawson earnestly reiterated that until midwives see the necessity for combination they are not going to get much forwarder. They must put their shoulder to the wheel. If, for instance, you wait on the head of a Government Department you are asked how many you represent. If you have to reply 200 or 300 you are of no account, but if you could say you represent the 32,000 midwives on the Roll, you could get anything you want. Combine and make yourselves felt.

#### HOW TO START MIDWIFERY ASSOCIATIONS.

Mrs. Stephen Glanville said that now that the Midwives Act is passed it is to midwives themselves that we must look for the regeneration of their profession. The greatest difficulty to contend with is the apathy of the women themselves. The solitary life is all very well for some people, but not for those belonging to a profession. In regard to starting local associations, Mrs. Glanville advised that some midwife should be found to act as a centre, or a list of practising midwives in a locality can be obtained from the local health authorities, and the loan of a room for a meeting arranged for. Association broadens sympathy and outlook.

(To be continued.)

### CENTRAL MIDWIVES BOARD.

*Examination Paper, April 29, 1912.*

1. What facts may be learned by listening to the foetal heart at the beginning of and during the course of labour? 2. Under what circumstances would you consider the second stage of labour unduly prolonged? What ill effects to mother and child may arise from its prolongation, and how would you recognise them? 3. What are the lochia? Describe their usual character and duration, and the normal changes they undergo; What unusual characters may they present, and what would such changes mean? 4. Give the details of your management of the breasts and nipples during pregnancy and the puerperium; What diseases of the breasts and nipples may occur during the puerperium, and how would you recognise them? 5. What information can you derive from making internal examinations? What possible dangers must be guarded against? What rules of the Central Midwives Board bear on the subject? 6. State exactly your management of a breast-fed baby during the first ten days. By what signs would you judge that the baby is not thriving?

### UNION OF MIDWIVES.

The Annual Meeting of the Union of Midwives took place in London on April 25th, when Mrs. Robinson took the chair, and Mrs. Margaret Lawson, President of the National Association of Midwives, gave a brief address.

The Secretary of the Union of Midwives read the report of the Society's doings for the year, April, 1911—April, 1912.

The report was approved.

Mrs. Robinson was asked to continue her office as President for the ensuing year, and the following ladies were asked to retain their seats on the Committee: Mrs. McQuay, Mrs. Rowden, Mrs. Macdonald, Mrs. Simmonds, Mrs. Ganney, Miss Gladys Tatham, and Miss Gertrude Marks.

Several new members were elected to sit on the Committee.

Special votes of thanks were accorded to Mrs. Rowden and Miss Gertrude Marks for their untiring devotion to the work of the Union and for the substantial financial help they have given from time to time—Mrs. Rowden in giving two whist drives and Miss Marks interesting her friends and obtaining their services for a concert.

The whole proceeds of whist drives and concert were handed over to the Union of Midwives.

A very hearty vote of thanks was also accorded to the President and Secretaries of various branches of the Union for excellent work done.

### MIDWIVES (SCOTLAND) BILL.

A Bill "to secure the better training of midwives in Scotland and to regulate their practice" has been introduced into the House of Commons by Mr. G. N. Barnes, M.P. for Glasgow (Blackfriars), and read a first time.



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## EDITORIAL.

### DOCTORS, NURSES, AND THE INSURANCE ACT.

The medical profession has gone on strike. We are not surprised, for had the provisions of the National Insurance Act, in relation to the medical benefit, been carried out, medicine would have been wiped out as a learned profession. The stand made, therefore, by medical practitioners will ultimately be found of the greatest benefit to the sick poor, for there is little doubt that the last action of the doctors will have the effect of adjusting the arrangements made under the Act to their just demands, and no profession can be exploited and undersold without its work deteriorating. The State Sickness Insurance Committee of the British Medical Association has now issued a supplementary pledge to those already taken by thousands of its members, binding them not to work the Insurance Act unless the demands of the medical profession are granted. The new pledge is designed to meet the situation in the event of the suspension of the medical benefit under the Act. The medical profession and the Chancellor of the Exchequer are thus face to face as antagonists, and the winning cards are undoubtedly in the hands of the former.

We now come to the position of the nursing profession, which, with the medical profession and midwives, will carry out the provisions of this National Health Act in relation to the insured sick, and contrast the positions. That of the profession of medicine is practically impregnable, for it consists of a strong, enfranchised, united body, which, if it chose to use its personal and political influence, could wipe out any party in power. The nursing profession, on the contrary, is composed of women who

are denied political power, and who, as a profession, are without political status.

From the moment the Bill was before the House trained nurses have urged their right to representation with doctors and midwives upon the Advisory Committees. Yet, when the Advisory Committee to the Joint Insurance Commissioners was formed, while all classes of women workers compulsorily insured, from charwomen (through industrial unions) to women doctors, were accorded representation through their organizations, and the Central Hospital Council for London, formed of some 50 employers of nurses was also represented, the 50,000 trained nurses of the country—upon whom the adequate nursing of the sick will depend—were excluded, and two officials of a charitable society appointed as nominated members. On representations being made to the National Health Insurance Commission, by the President of the National Council of Trained Nurses, of the injustice of such exclusion, Sir Robert Morant replied that it was decided "to include Miss Amy Hughes, of Queen Victoria's Jubilee Institute for Nurses in the English Advisory Committee, and the Commission regret that they cannot see their way to include any further representatives of the nursing profession." While Miss Hughes is well known to and respected by nurses, she cannot, as the official of a charitable institution, express views contrary to those of her committee, and therefore cannot represent the interests of the profession at large, which she, as a woman of business, will be the first to admit.

We must therefore realise that nurses' organisations have been deliberately excluded from representation, and it is the duty of the nursing profession to know the reason why.



## STATE REGISTRATION AND THE HOUSE OF COMMONS.

Mr. Munro Ferguson kindly arranged a meeting in the House of Commons on Thursday, the 2nd inst., between members of Parliament and a deputation from the Society for the State Registration of Trained Nurses—with the aim of personally interesting members in the Nurses' Registration Bill and pushing forward legislation already too long delayed.

The following composed the deputation:—The Lady Helen Munro Ferguson, Mrs. Bedford Fenwick, Miss L. V. Haughton, Miss Beatrice Cutler, Miss Mollett, Miss Barton, Miss H. L. Pearse, Miss Huxley, and Miss M. Breay.

Mr. Ferguson, who was in the chair, named the deputation and invited Mrs. Bedford Fenwick to address the meeting.

Mrs. Fenwick gave a *résumé* of the efforts of trained nurses, during the past twenty-five years, to obtain nursing organization and reform through a system of registration—touching on the support and opposition to the movement by the medical profession, nurses' organizations, and the public. She referred to the educational and economic aspects of the question—the report in favour of registration by Mr. Tennant's Committee in 1905, and the fact that Lord Amphilh had carried a Bill through the House of Lords in 1908 without a division at any stage.

The advice given by the Prime Minister to a deputation in 1909—to co-operate—had been carried out, all the organized societies of medical men and nurses in the United Kingdom in favour of State registration having formed by affiliation the Central Committee for the State Registration of Nurses, under the chairmanship of Lord Amphilh—a Committee which, by delegation, represented upwards of 30,000 professional persons.

Mrs. Fenwick pointed out that 37 Bills for the Registration of Nurses were already in force in various parts of the world, including several of our own dominions—that in Germany, where education was appreciated, registration by Act of Parliament commenced in 1906.

She presumed that it was the lack of legal status in the nursing profession which had discriminated so adversely against it under the National Insurance Act, and was no doubt the reason why trained nurses had been excluded from direct representation on the Advisory Committees by the Commissioners.

Mrs. Fenwick pleaded for the united personal interest and support of members of Parliament

within the House, so that, through their influence, this important question for the benefit of the community and the nursing profession might receive the attention of the House at an early date.

Miss Mollett also spoke.

The Members present expressed themselves earnestly in favour of legislation—one saying he regretted that he had blocked the Nurses' Bill in former sessions.

Dr. A. W. Chapple, who had been in practice for 24 years in New Zealand, and a member of Parliament in the Dominion, spoke with the force of unique experience of the question. He said so many persons were perfunctorily trained that the public must be protected—he was amazed that a reform of the kind had been so long delayed in England—in New Zealand the Nurses Act had improved education, eliminated the imposter, and had raised the self-respect of the nurses. The hospitals which trained nurses vied with one another as to which should give the best education, and no medical man in New Zealand would go back to former conditions.

The Members present offered some wise, practical advice and their hearty co-operation—and it was arranged by those present to have this important question actively considered—the unanimous opinion being that it affected the welfare of the community more urgently than was realised. The deputation were much gratified with their sympathetic reception, and are greatly indebted to Mr. Ferguson for his consistent support of the interests of trained nurses.

## THE TRAINED WOMEN NURSES' FRIENDLY SOCIETY.

The Midland Matrons' Association have invited Miss Mollett to speak at Birmingham on the National Insurance Act as it affects nurses, and this she has consented to do on the 30th of this month.

Miss Mollett has also kindly offered to leave her charming rural retreat for a few weeks and come to London, so that she may forward the organization of the Trained Women Nurses' Friendly Society for the benefit of her fellow-workers. When on the spot it is hoped to arrange meetings to instruct those nurses, to whom it would be helpful, on the clauses of this intricate Act. Matrons and others wishing to get up meetings might communicate with Miss Mollett, Hon. Secretary, Trained Women Nurses' Friendly Society at the office (*pro tem.*), 431, Oxford Street, London, W.

## THE INTERNATIONAL COUNCIL OF NURSES AT COLOGNE.

We have pleasure in giving the draft programme for the Cologne Congress and Exhibition, sent to us by the President, Sister Agnes Karll.

Preliminary Programme of the Congress of the International Council of Nurses from August 4th to 7th, 1912, in the Gürzenich at Cologne on the Rhine:—

*Saturday, August 3rd.*—11.30 a.m., Opening of the Exhibition for Nursing and Social Work in Marzel Gymnasium.

*Sunday, August 4th.*—7 p.m., Reception in the Gürzenich. 8.30 p.m., The Nursing Pageant, created and designed by Mrs. Bedford Fenwick, words by Miss M. Mollett, translated by Fraulein Agnes Karll, followed by *Conversazione* in the Stapelhaus.

*Monday, August 5th.*—10 a.m. to 1 p.m., General Meeting of the International Council of Nurses, Affiliation of National Councils. 3 p.m. to 4.30 p.m., Conducted Visit to the Cathedral. 5 p.m., Festival of the Municipality of Cologne in the Floral Town Gardens.

*Tuesday, August 6th.*—9 a.m. to 12.30 p.m., (a) Report of the International Commission on the Preliminary Training of Nurses, Discussion; (b) The result of Government Examination (State Registration) in those countries in which it has been introduced; Discussion. Afternoon, 2 p.m. to 4 p.m., (a) The position of the Matron with regard to the education and training of Nurses; Discussion. (b) The position of the Matron in Hospital Management; Discussion. 5 p.m. to 7 p.m., Inspection of the Lindenburg (Town Hospital), afterwards *Conversazione* in the "Stadtwald" Town woods.

*Wednesday, August 7th.*—9 a.m. to 12.30 p.m. (a) Nurses and Overwork; Discussion. (b) Nurses and Social Work. 2 p.m. to 4 p.m., Subject continued. Inspection of the Institutions of Cologne, Infants' Home, Maternity Home, &c.

8 p.m., Subject continued, Nurses and Social Work.

*Thursday August 8th and Friday, August 9th.*—Expedition by steamer to Kaiserswerth on the Rhine, Expedition on the invitation of the Medical Officer of Health (Dr. von Ehrenwall), to Ahrweiler, Tea in the wood, Tours and Expeditions round Cologne and its environment.

There will be a general dinner daily in the Gürzenich and Stapelhaus at 1s. 6d. (1.50 marks). Cards for same to be obtained at the entrance to Gürzenich.

Tickets for the Congress for members and nurses, 3 marks (3s.), for non-members 5 marks. Tickets for one meeting and Exhibition, 6d.; for the Pageant, 1s.

### CONGRESS VOUCHERS.

To help Sister Karll to make arrangements to the satisfaction of all members of the National Council of Nurses of Great Britain and Ireland—so that their tickets, badges and invitations will await them upon arrival at Cologne—vouchers can be procured at the Office, 431, Oxford Street, London, W., on or after June 1st, which should be filled in with name, and name of society to which the applicant belongs, and returned to the Hon. Secretary N.C.N. who will forward them to Sister Karll. Miss Mollett will forward the vouchers of her party of 50.

### INVITED GUESTS.

Through the National Council of Nurses of this country, the President of the International Council extends a hearty welcome to the nurses of the United Kingdom to participate in the International Nursing Congress and its social functions, at Cologne. Miss Cutler has, therefore, conveyed this invitation, by letter, to the secretaries of the various Matrons' Associations; and of the Nurses', Midwives' and Masseuses' Societies, not eligible for affiliation to the National Council. The names of nominated representatives are to be forwarded to Sister Karll by July 1st.



THE GÜRZENICH, COLOGNE.



## NURSES' MISSIONARY LEAGUE.

The tenth annual meeting of the Nurses' Missionary League was held at University Hall, Gordon Square, on Tuesday, April 23rd, and there was a good attendance throughout the day, including members from almost all the large London hospitals.

The morning session began with a short devotional address from Miss E. M. Bailey, which was followed by a résumé of the work of the League by Miss A. M. Cable. As one of its first founders, Miss Cable was able to narrate how the League was started by some members of the Student Volunteer Movement, who knew of the urgent need for nurses in the foreign mission field. By reading extracts from the annual report, the speaker pointed the contrast between these small beginnings and the later developments, and then, in closing, she told some of her own recent experiences in China, to show how urgently nurses are needed in that land to-day. Only last summer, when herself under doctor's orders to take a complete rest, she was urgently summoned to nurse a fellow-worker many hours' journey away, and though not a trained nurse, for five and a half months she had been kept nursing her fellow-missionaries.

An interesting discussion on Bible study then took place, several nurses taking part; and the morning session ended with an address on "Vocation" by the Rev. E. N. Sharpe, who spoke of the vocation which comes by reason of birth in a Christian country, baptism, and membership of a Christian Church, and then showed how a more definite call may come, and how, through knowledge and prayer, one may be prepared to receive the call.

At the afternoon conversazione the hostesses were Miss Bird (Great Northern Central Hospital) and Miss Jones (formerly Matron of the Royal Infirmary, Liverpool). A message of regret for unavoidable absence had been received from Miss Davies (St. Mary's Hospital, Paddington). One feature of interest was an exhibit which illustrated the religions of China, by means of photographs, books, curios, and large charts contrasting the main doctrines of Confucianism and Christianity. An address was given by Miss E. C. Gregory on the subject "Why should I, as a Nurse, be interested in Medical Missions?" To every *Christian* the command of the great Healer must be binding, "Go ye into all the world," and never before has there been such opportunity. China is open to-day, and the god of this world will step in if Christ is not preached.

In India there is much change and unrest, and the Christian woman is being asked to come as never before, and so in Moslem lands. There is a far wider opportunity than any dreamed of in this land, wider openings for practice, a chance of being a very centre of light. A worker with a knowledge of healing starts with a great advantage. In one hospital in China even the appliances have their message, the women, on seeing eye bandages sent out by friends in England, exclaiming "What love they must have in their hearts!" In another station most friendly relations were secured by the complete cure of a chief whose life had been despaired of, and who had been carried out to die in the woods. And think, too, of the tremendous need. In one province in North China, bigger than England, there is *a population of seven millions, and not one single doctor or nurse in the whole province.* And in some places the ignorance and cruelty are terrible; for instance, in China, lately, a little girl was buried alive with her dead mother because she was not wanted! And this is twenty centuries after Christ!

Miss Fairfield next spoke briefly about the work of the League, dwelling particularly upon the plans for extension which are before the Committee. The work has developed so rapidly that there is urgent need for a large increase of income so that a small flat or part of a house may be taken as head-quarters for the work, that more secretarial help may be obtained, and funds forthcoming to meet the travelling expenses. Miss Fairfield pointed out how that the work is increasing on every side, and it is a problem how to meet the numerous claims, and for this reason the need is really great, for to refuse to advance means inevitably to go back.

At the evening meeting the chair was taken by Dr. Neville Bradley, of China, who read telegrams from Miss Haughton (Matron of Guy's Hospital) and Mr. McAdam Eccles, M.S., F.R.C.S., who were both prevented at the last minute from taking their allotted part in the proceedings. In their absence the adoption of the annual report was moved by Miss Macfee, and Miss Richardson, Secretary of the League, gave an account of the year's work, drawing attention to the facts that the membership now numbers 1,695, of whom 545 are volunteers, 25 having sailed for the mission field during the year. The branches in hospitals, she pointed out, number two in London and 23 in the provinces, and she expressed the great gratitude of the Committee for all the help and encouragement given by many



matrons of hospitals throughout the kingdom. In concluding, she dwelt upon the loss to the League caused by the resignation of Miss B. B. de Lasalle, and also mentioned the recent death of the first Secretary, Miss Kathleen Miller.

Dr. G. E. Dodson, of Persia, next spoke about his work at Kirman. This city is one of the three stations of the C.M.S., Isfahan, Julfa, and Kirman, and is the centre of a district about half the size of the British Isles. The missionaries are the only Western doctors, and there is practically no competition from native doctors; for in Persia all a man has to do to qualify as a doctor is to buy one or two books, from which he prescribes. Yet, in spite of the vast field, there is only one hospital, with 22 men's beds and 12 women's. At first the missionaries met with great opposition, and heavy fines were put upon any who even sold them food. Three years later many of the leading people in the town signed a testimonial to Miss Bird when she had to leave. After yet another three years the state of the Society's finance made it probable that the station would have to be closed, and a document signed by every leading man was sent to London, begging that the work should be continued. Now  $8\frac{1}{2}$  beds in the mission hospital are supported by Persian Moham-medans. Dr. Dodson closed by saying that, after eight years in Persia, he could testify that he considered the work of a medical missionary to be thoroughly well worth while.

The closing address was then given by Mr. R. P. Wilder (Travelling Secretary, Student Volunteer Missionary Union). Dwelling first on the wonderful impression made by the life of Christ upon His disciples, and on His great love and power, the speaker dwelt upon the necessity for those who are now Christ's servants to be clean instruments in His hands, to have "spiritual asepsis" as complete and thorough as the physical asepsis required by a surgeon in healing men's bodies. The result of such cleansing is joy, peace and power, but are we ready to pay the price?

"God has His best, for those who dare to stand the test;

God has a second best, for those who will not have the best."

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The Annual Report of the Nurses' Missionary League for 1912 can now be obtained from Miss H. Y. Richardson, Sloane Gardens House, 52, Lower Sloane Street, London, S.W.

## THE IRISH NURSES' ASSOCIATION.

The usual monthly meeting of the above Society was held on Saturday, May 4th. The new Secretary, Miss Hanan, was introduced by Miss Shuter to the members present. Miss Reed was appointed to act as Delegate at the Conference of the National Union of Women Workers, to be held at Oxford.

Several names were added to the Provisional Committee of the Insurance Society.

The following members were asked to form an Amusements Committee to act for the ensuing year:—Mrs. Manning, the Misses Chadwick, Holden, Kerr, K. Kearns, Despard, and Phelan.

This was the last monthly meeting until September.

### AN APPROVED SOCIETY FOR IRISH NURSES.

The Irish Nurses' Association have resolved to form an Approved Insurance Society, for nurses working in Ireland, under the Insurance Act, and have appointed a Provisional Committee to act in their name, consisting of the following:—Miss Lamont, Miss Kelly, Miss Huxley, Miss Reed, Miss Cherry, Miss Cunningham, Miss Sampson, Miss Carr, Miss K. Kearns, Miss Hogg, Miss Keogh, Miss Sutton, Miss Keating, Miss Butler, Miss Carson Rae, Miss Ramsden, Miss Gowney, Miss O'Flynn, Miss White, and they invite all branches of the Nursing Profession to join it. Nurses wishing to become members of this Society are requested to send in their names to the Hon. Sec., Miss V. Roberts, Provisional Committee, Insurance Society, at once, as the sum given by the National Insurance Commissioners for formation purposes is one shilling per head *before* July 15th, 1912. If nurses delay in joining till *after* that date only half the amount will be allowed per head. It is also desirable that the membership should be as large as possible.

It is important that nurses should have their own Approved Society, and that it should be formed without delay.

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We hope Irish Nurses will co-operate loyally and make a strong Society of their own. There are numerous difficulties in the way, as there are so many influences in the Irish Nursing World. Catholic nurses lean towards the Ancient Order of Hibernians, and it is rumoured that District Nurses are being advised to join the Women's Health Association's Society, and there is a talk of the governors of hospitals forming a "Hospital Nurses' Approved Society." What is wanted is loyal pro-

fessional co-operation of all classes and sects of nurses in Ireland if they are not to be split into futile coteries without power of self-government.

Miss Mary J. A. Hannan, the Matron of the Mater Infirmorum Hospital, Belfast, has been nominated a member of the Irish Advisory Committee by the Commissioners for Ireland.

## OUR PRIZE COMPETITION.

Our prize competition question this week seems to prove that nurses are not conversant with modern methods of treating curvature of the spine, as no papers have been sent in. Yet their skilled assistance to the medical profession in the care of these cases is of great importance. We hope our readers will study this branch of work.

### QUESTION FOR NEXT WEEK.

Give some hints how to be popular as a Private Nurse?

## THE FLORENCE NIGHTINGALE MEMORIAL.

The Executive Committee of the Florence Nightingale Memorial Fund have unanimously entrusted Mr. Arthur G. Walker with the commission as sculptor to execute the bronze statue of Miss Florence Nightingale.

Trained nurses will naturally wish that this commission had been given to a woman. Let us hope, however, that a liberal price is being paid, so that there may be no excuse for the statue not being of the highest artistic merit.

The Trained Nurses' Annuity Fund will be invited to undertake the administration of the annuities to nurses of the Florence Nightingale Memorial Fund.

## TWENTY GUINEAS IN PRIZES.

The twenty-one pounds given in prizes through this journal to the competitors in the Handicraft Section at the recent Nursing Exhibition—thirteen guineas of which was kindly paid by the management—has been acknowledged by the prize winners, and we are glad to know that some of it is to be expended in supplementing the cost of nurses attending the International Nursing Congress at Cologne in August. It could not be expended to better purpose.

## APPOINTMENTS.

### MATRON.

**City of London Lying-in Hospital.**—Miss Edith E. Greaves has been appointed Matron. She was trained at the London Hospital; and has been Staff Nurse, Sister Midwife, and is now Home Sister there. Miss Greaves holds the certificate of the C.M.B.

**Bedford County Hospital.**—Miss A. Livingstone Charteris has been appointed Matron of the County Hospital, Bedford. She was trained at the Royal Infirmary, Dumfries, and has held the following positions: Theatre and Ward Sister, East Sussex Hospital, Hastings; Ward Sister, Stroud General Hospital; Night Sister and Assistant Matron, Bedford County Hospital.

**General and District Hospital, Newark.**—Miss Ida Howe has been appointed Matron. She was trained at the City of Dublin Hospital, and the Cork Street Fever Hospital, Dublin, and has held the position of Charge Nurse at the Cottage Hospital, Bromley, and the Savernake Hospital, Marlborough; of Sister at the Royal Victoria Hospital, Dover; and of Ward and Theatre Sister at the General Infirmary, Stafford.

**The Hospital for Skin Diseases, Manchester and Salford.**—Miss E. Hall has been appointed Matron. She was trained at Ancoats Hospital, Manchester; and has since held the positions of Sister and Deputy-Matron, at Ancoats Hospital; and Matron of the Ancoats Hospital Convalescent Home, Alderley Edge.

**Odiham Cottage Hospital, Hants.**—Mrs. Maud C. Bawden has been appointed Matron. She was trained at the Cancer Hospital, Fulham Road, London, and the Central London Sick Asylum, Hendon. She has also been nurse at the Samaritan Free Hospital, Marylebone Road, Night Sister at the Gravesend Hospital, and Sister Matron at Hoo Sanatorium, Rochester. She has also had experience of district nursing and is a certified midwife.

**Ellon District Epidemic Hospital, Aberdeenshire.**—Miss Margaret M. Miller has been appointed Matron. She was trained at the Western District Hospital, Glasgow; and the Belvidere Fever Hospital, in the same city; and has held the position of Charge Nurse at the Western District Hospital.

### SISTER.

**The Hospital, Falkirk.**—Miss M'Intosh, who has held the position of Sister, at the Hospital, has been appointed to the position of Matron by the Falkirk Town Council.

### SUPERINTENDENT NURSE.

**Workhouse Infirmary, Stockton.**—Miss Edith Annie Tennison has been appointed Superintendent Nurse. She was trained at Sculcoates Union Infirmary, Hull; and has been Nurse at Dover Union, and Charge Nurse and Night Superintendent, Norwich Incorporation of the Poor. Miss Tennison holds the C.M.B. certificate.

**NIGHT SISTER.**

**Chesterfield and North Derbyshire Hospital Chesterfield.**—Miss J. Main has been appointed Night Sister. She was trained at the Royal Infirmary, Newcastle-on-Tyne, and has held the position of theatre and ward Sister at the Clayton Hospital, Wakefield.

**QUEEN VICTORIA'S JUBILEE INSTITUTE.  
ASSISTANT SUPERINTENDENT.**

Miss Caroline Lee is appointed to Gloucestershire C.N.A. as Assistant Superintendent. Miss Lee was trained at Woolwich Infirmary, and has held the position of Charge Nurse at the West Ham Union, and of Night Sister at the Central London Sick Asylum, Hendon, and St. Olave's Infirmary, Rotherhithe. She received her District Training at Hackney, and has since been Queen's Nurse at Dunvant, Manchester, Portsmouth and Tipton. Miss Lee holds the C.M.B. Certificate, and has had some experience in private nursing.

Miss Maud Weale is appointed to Herts. C.N.A. as Assistant Superintendent and School Nurse. Miss Weale was trained at Croydon Infirmary, and received her District Training at Cardiff. She has since held appointments as Queen's Nurse at Grimsby, and is Training Midwife at Gloucester City and Assistant County Superintendent, Gloucestershire.

*Transfers and Appointments.*—Miss Hannah Portus is appointed to Norwich, Miss Madeline Cockle to Three Towns, Miss Deborah Ladbrook to Elmton and Creswell, Miss Susan Plummer to Huddersfield, Miss Emily Tate to Knighton, Miss Annie Griffith to Taunton, Miss Clara E. Cordingley to Kettering, Miss Phoebe Inchley to Hanley, Miss Margaret Roberts to Royton, Miss Harriet Fowkes to Brixton.

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**RESIGNATIONS.**

Miss Lilian Bayley has resigned the position of Matron of the Royal Victoria and West Hants Hospital, Bournemouth. Miss Bayley has held office for twelve years and has seen the growth of the hospital from 10 beds to over 50. The Committee greatly appreciate her work and offered six months' holiday to retain her valuable services—a considerate offer Miss Bayley was not able to accept.

Miss I. Armitage has resigned the post of Sister of the Surgery at St. Bartholomew's Hospital, to the very sincere regret of everyone in connection with the institution. Miss Armitage entered the training school in 1888—and has been connected with it ever since. Her untiring devotion to duty and strong sympathetic character has endeared her to a succession of probationers and nurses; and as a member of the League of St. Bartholomew's Hospital Nurses her well-balanced opinion has always carried great weight. The hospital will take long to accustom itself to a new "Sister Surgery."

**NURSING ECHOES.**

Mrs. Bedford Fenwick wishes to disabuse the minds of those nurses who are under the impression that she advocated "laundry work for old nurses" at the recent Nursing Conference. Mrs. Fenwick was not present at the session when Miss M. G. Spencer read her paper on "Some Suggestions for the Delicate or Elderly Nurse who must continue to Work," in which she mentioned Hand Laundries as in great demand in some places, which might be supervised by old nurses, and she took no part in discussing the Paper at all. With Miss Spencer's conclusion "that the Nursing profession is one of the most highly organised and oldest fields of the activity of women" we strongly disagree. No work is more hopelessly disorganised—work, fees, uniform—everything appertaining to nursing can be exploited without let or hindrance. Of educational and economic standards there are none in force—nor can there be until, like other skilled professional work, trained nursing is organised by the State, and its workers are registered.

At a recent meeting of the Council of Queen Victoria's Jubilee Institute for Nurses, held at the offices, 58, Victoria Street, it was reported that the conference of the affiliated County Nursing Associations would be held at the offices of the Institute on Wednesday, May 15th. It was announced to the Council that the Home of Rest at Bryn y Menai for Nurses, which was opened in August last year, has been greatly appreciated by the Queen's Nurses, and has been very extensively patronised. The Bath District Nursing Association have offered to train a candidate for the Institute free of all expenses. Fifty-one nurses have been enrolled as Queen's Nurses since the last meeting of the Council. Owing to the Act which is making the notification of tuberculosis compulsory having come into force, the training homes have been notified of the importance of Queen's Nurses receiving definite instruction in regard to tuberculosis work during their training. A report of the conference of the Irish Affiliated Associations, which was held at Dublin on Thursday, April 18th, was submitted to the Council by Mr. Pennant, and it was decided to take the opinions of the Irish Associations as to the course to be adopted.

At the recent general meeting of the League of St. John's House Nurses, at which the President, Miss Laura Baker, was in the chair, it was decided to ask the Hon. Secretary, Miss



Mary Burr, to represent the League at the Congress of the International Council of Nurses at Cologne, and also to send the League banner. A call upon the Benevolent Fund was responded to by a grant of £2 2s. A social gathering, and tea hospitably provided by the Sister-Superior, brought a very pleasant afternoon to a close.

The Annual Meeting of the Asylum Workers' Association will be held on May 22nd at 11, Chandos Street, Cavendish Square, at 3.30 p.m. Sir William Collins, the retiring President, will be in the chair. In view of impending legislation it is considered important that the President should have a seat in the House of Commons, and Sir John Jardine, M.P., K.C.I.E., has consented to be nominated for the position. There is a very strong feeling amongst asylum attendants that, whatever form legislation takes, it is all-important that the hours of work should be considerably shortened, and that 60 hours a week is long enough to be on duty, if good health and equable temper are to be maintained. There is no doubt that from 70 to 80 hours a week is far too long for the trying nature of the work.

It is to be regretted that the Scottish Division of the Medico-Psychological Association, at a meeting held at Glasgow passed a resolution expressing its determination to oppose Clause I of Lord Wolmer's Bill relating to the statutory limitation of hours on duty for nurses and attendants.

The *Daily Mirror* has a wonderful faculty for springing surprises upon us, but can its latest discovery that male nurses are best be true? We poor women have received some rude shocks of late: so rude, indeed, that several persons have recently written to the Press to propose that we should as a sex be exterminated and a better and happier world go on without us. But just one delusion we have clung to tenaciously, and that is that women are better equipped by nature for caring for sick people and helpless babes than men. Apparently even this is a fond delusion.

A leading doctor (always these leaders who make these brilliant discoveries about women!) has made the following statement to the *Mirror* :—

"Everybody thinks that a woman is a better nurse than a man simply because she is a woman," he said. "But it is my experience that a man is, on the whole, a more satisfactory sick-room attendant.

"I know of many cases where university men have nursed their fellows through influenza and other maladies with great success.

"Some women of my acquaintance prefer their husbands to nurse them through an illness in preference to a trained woman nurse.

"Perhaps in little things, such as the arrangement of pillows or anticipating the wants of the patient, the woman has more intuition than a man."

But when we come to the babies there are still greater surprises. This "leading" light states :—

"If they only had the patience men make splendid nurses for sick babies. They are better in some respects than the child's own mother." (Why have a mother?—Ed., *B.J.N.*).

"I have constantly seen instances where a mother or some other woman has failed to soothe a wailing baby, and on being placed in a man's arms the infant has immediately quietened and gone to sleep.

"In hospital out-patients' departments one can witness this phenomenon every day—how yelling infants are immediately soothed when they are placed in the doctor's arms.

"The reason is, so far as I can see, that the child feels more sense of security and restfulness when held firmly in the hands of a man.

"Man's peculiar faculty for soothing babies may explain why he is, on the whole, so successful a nurse for adults."

Now tired mothers and nurses, the cat is out of the bag. You now know what to do with "yelling infants." Don't waste time trying to soothe them. No more weary watching and sleepless nights. Don't deny man the exercise of his "peculiar faculty," but when you hear him gently snoring in his early and delightful beauty sleep, just wake him up, place the "wailing" infant "firmly in his arms," and take your rest. As for out-patient physicians and surgeons, dressers and clinical clerks, what a vista of usefulness opens out before them, and what a saving of expense. No more sisters and nurses needed for out-patients. No more yelling, wailing, and unrest! Man with his "peculiar faculty" will hush all that or know the reason why not. Halcyon days indeed! And yet—*Oh! les pauvres petits enfants.*

A special meeting of the Council of King Edward's Coronation Fund for Nurses was held at 86, Lower Leeson Street, Dublin, last week. Several applications for membership were accepted. Three nurse members were granted £5 each. Final arrangements were made regarding the annual general meeting to be held

at the Royal College of Surgeons, Dublin, on Tuesday, May 21st.

Miss Sutherland, Superintendent of a Private Hospital, Miss Beswick, of the Seacliffe Mental Hospital, and Miss Mandino, Sub-Matron of the Auckland Hospital, New Zealand, are now in this country, and are interested in investigating nursing conditions. They hope to visit many of our hospitals.

We hear that Miss K. Mackenzie, who was selected in this country, and was appointed Matron and Superintendent of Nursing of the Dunedin and Allied Hospitals last year, is winning golden opinions as a Superintendent of a fine type and strong character, and is pronounced to be the right woman in the right place. Miss Mackenzie's colleagues at the Western Infirmary, Glasgow, will be glad to learn that her services are so much appreciated at the antipodes.

### COMFORTABLE CLOTHING.

It is of great importance to both the robust and the delicate that they should wear next the skin clothing which is at once elastic and porous. A number of people have grown up in the belief that they are not adequately clothed unless they are clad in woollen garments, but there are many who cannot stand the irritation of woollen clothing, especially in a hot climate, where it is apt to become sodden and matted. We believe that the old-fashioned preference for woollen clothing, especially in summer, will be banished, once and for all, by those who have once worn Dr. Lahmann's Reform Cottonwool Underclothing, which can be obtained in many attractive varieties of texture and colour. Both in ladies' combinations, nightdresses, vests, bodices, and knicker-skirts, in infants' and children's garments, and in men's and boys' shirts and pyjamas, every variety, to suit all tastes, is offered. The clothing is supplied both wholesale and retail at 245, High Holborn, London, W.C., and merits the attention of all who desire to be comfortably and hygienically clothed. Nurses should inspect these delightful materials and give them a trial.

It is claimed for Dr. Lahmann's Cottonwool Underclothing that it is as warm in winter as animal wool, and cooler in summer, without the skin-paralysing excitation inherent to all animal wool, or the loss of perosity by shrinkage peculiar to it.

## THE HOSPITAL WORLD.

### THE HOME FOR CONSUMPTIVE CHILDREN, CROOKHAM.

Brilliant sunshine tempered by fresh breezes; typical June weather, though according to the almanac April; Royalty, gracious and smiling; bright, happy faces inside the house and out, banished almost all thought of pain and sorrow. Yet there was an undercurrent of sadness in the remembrance of the cause for which so many persons were assembled at the recent opening of the Church Army Children's Sanatorium at Crookham, Fleet, Hants. It was a declaration of war against a cruel disease whose victims make the death-roll of the "Titanic" infinitesimal by comparison.

The Church Army Children's Home was declared open by H.R.H. the Duchess of Albany in a tent erected in the grounds adjoining the Home. The Rev. Preb. Carlile conducted the proceedings, which commenced with prayer, offered by the Bishop of Winchester, who also made a speech. Miss Walker, Hon. Secretary of the Church Army Fresh-Air and Dispensary Department, who originated the idea of the Home, and collected the necessary funds, in an interesting speech informed her audience how the idea came to her of starting the Home for children in the early stages of consumption. She told a pathetic story of a poor family in London, which consisted of a father and mother, two boys, and three girls. She described the beauty of the little girls, and the anguish of the mother, who saw them, one after another, fall victims to the dread disease of consumption, and how she came to her and said: "Can't you do *anything* to help them? Must I lose them all?" Other mothers appealed to her to send their children, suffering from the same complaint, to the Church Army Fresh-Air Homes, but she was unable to grant their request, for she said that to do so would mean the infection of others, and that would not be right. So she thought what a good thing it would be if there could be a special Home for consumptive children. A suitable house was found, and she collected the necessary funds for its purchase and furniture, with the exception of £60. Miss Walker would like to raise £10,000 to endow the Home. At least £400 per annum is necessary for its maintenance; £5 is sufficient to equip a cot; £25 would pay for a bed for one year; and £600 would endow a bed in perpetuity.

Dr. Barty King remarked that in Germany there were a good many sanatoria for con-

sumptive children, but that he did not think there were more than six in England. He pointed out that from an economic point of view it was much cheaper and easier to eradicate this terrible disease in its early stages in childhood than at a later period.

After the meeting in the tent a brief dedicatory service was held in the hall of the Home by the Bishop, and afterwards an excellent tea was served to the general public in the charming dining-room. An inspection of the Home was then invited. There are four wards, with accommodation for 17 children, ten of whom were in residence on the opening day. Their faces, flushed with excitement, gave the deceptive appearance of health; only one boy seemed too weary to notice anything around him. The balconies for sleeping in the open air, and the wide windows, commanding an extensive view of lovely country, and the open-air shelter, contribute to make an ideal home for the little sufferers.

A pleasing feature is a large rocking-horse fully equipped, and with a basket seat behind, which greets everyone on entering, and the numerous toys for the delight of the children. The Lady Superintendent is Miss Synge, who has had much experience of work in sanatoria, and she is assisted by a willing staff. Her courtesy and kindness, as well as that of her helpers, were much appreciated by the visitors on the opening day. Dr. Frere and Dr. Slade, of Fleet, constitute the visiting medical staff, so the children will be in good hands. It is gratifying to record that the collection at the inaugural ceremony amounted to over £70, with further promises of support, so that the sanatorium begins its useful career free from debt, and has every promise of a bright and happy future before it.

M. L. B.

## A LOSS TO NURSING IN FRANCE.

The sad news of the death of Dr. Lande will be received with sorrow by all interested in trained nursing. Dr. Lande, Professor of Forensic Medicine at the Bordeaux University, died in Paris on April 23rd.

In the autumn of 1911 he was elected by the whole of France, almost unanimously, President of the General Association composed of 10,300 members of the medical profession. The annual meeting of this Association took place in Paris on April 21st. Doctor Lande, presiding, gave the inaugural address in a clear, firm voice, holding with his remarkable individuality that vast assembly as under a charm. The discussion of the secretary was about to take place, when

suddenly the President seemed overcome by the heat. Immediately those near him asked what was the matter—alas! the great philanthropist was stricken down with paralysis, and in forty-eight hours Dr. Lande died, at the age of sixty-nine years. It will interest many to glance over the principal events of his life, especially in his connection with the reform and organization of nursing in France.

Doctor Lande, born in Bordeaux in 1843, had always associated himself with everything of interest in his native town, where he took his doctor's degree.

During the Franco-Prussian War he had charge of the Red Cross Ambulance of the Gironde. At the end of the campaign he received the Cross of the Legion of Honour.

When Mayor of Bordeaux, in 1903, he founded the first nursing school on Miss Nightingale's principles in a state hospital. The school began really to thrive when transferred from the wards of St. André Hospital to the Tondu Hospital, with Miss Elston as directrice. The school under Dr. Lande's care awarded 86 certificates. Nine hospitals have matrons from his school, six military hospitals have his nurses. Following Dr. Lande's advice, two public schools in Bordeaux have had for some years the Tondu nurses in charge of the sick-room. In January, 1912, he prevailed on the Municipal Council to appoint a school nurse for the largest Board School in Bordeaux (2,000 children). The Government, in recognition of the great services he had rendered to suffering humanity all over France, raised him to the highest rank possible, that of "Commandeur de la Légion d'honneur."

He followed with great interest the nursing question in every country.

He took part in the Nursing Congresses in connection with the International Council of Nurses, at Paris and London, and hoped to go to Cologne in August.

To the names of Miss Isla Stewart, Mrs. Hampton Robb, and Mrs. Kildare Tracey, we must sorrowfully add another, that of Dr. Louis Lande.

H. SCHORLEMMER,  
*Chefaine à l'hôpital du Tondu,  
Bordeaux.*

Dr. Lande possessed a wonderfully generous attitude of mind towards the trained nurse. He realised in his warm sympathy for the sick that it was the work of the thoroughly trained, skilled nurse which could most effectually prevent and ease suffering. At Bordeaux, Paris, and in London we had the pleasure of meeting this really wise physician, and no one will miss his charming personality at Cologne more than his many English admirers. The death of Dr. Lande is a great loss to nursing in France, and we deeply sympathise with Dr. Anna Hamilton and Miss Elston, who received from him the most loyal support and appreciation.



## REFLECTIONS.

## FROM A BOARD ROOM MIRROR.

Lady Constance Hatch, the treasurer and chairman of the Royal Ear Hospital, Dean Street, Soho, has issued an appeal for this institution, which offers treatment to the deaf poor. It is the oldest hospital of its kind in Europe, at which first class work is done, is managed with great economy, is entirely without endowment, but it is burdened with a mortgage debt of £4,000 upon the building, and its income falls short of its needs by £300 per annum.

Queen Alexandra and the Empress Marie Feodorovna of Russia paid an unexpected visit to the West Norfolk and Lynn Hospital last week, and were shown through the establishment by the matron, Miss Swain. Their Majesties inspected the bust of King Edward VII, recently unveiled.

Pound Day is now a most popular institution in many hospitals, and at the Essex and Colchester Hospital recently no less than 5,250 lbs. of groceries were received, besides 650 eggs. Over £5 was received in money, which defrayed all expenses of postage. The result must have been very gratifying to the Matron, Miss Winifred Bickham.

The second annual meeting of the Ladies' Linen League, in connection with the General Hospital, Northampton, presided over by Lady Dawnay, proved that the year's work had been most successful, 2,253 articles, valued at £166 were contributed, and £131 given in subscriptions. Ten easy chairs have also been presented to the wards, besides linen and blankets.

## THE ASYLUM WORKERS' ASSOCIATION.

## MEDALS FOR LONG AND MERITORIOUS NURSING SERVICE.

The Executive Committee awarded the gold and silver medals of the Association for the year 1912 to the following members, and they will be presented at the Annual Meeting on the 22nd inst.

## GOLD.

Attendant N. Livingstone, Argyll and Bute Asylum.

Nurse M. J. Goodchild, Banstead, L.C.A.

## SILVER.

Attendant R. Walters, Fort England Asylum, Grahamstown, S. Africa.

## BRONZE.

Five bronze medals to the unsuccessful candidates for the above.

These medals will be presented by the President Sir William J. Collins, M.D., F.R.C.S., at the annual general meeting, on May 22nd, 1912, at 11, Chandos Street, Cavendish Square, W.

## THE NURSING CONFERENCE.

(Continued from page 357.)

THURSDAY, APRIL 25th.

## SESSION 1.

Miss Amy Hughes, General Superintendent, Queen Victoria's Jubilee Institute, presided both at the afternoon and evening sessions on Friday, and proved an excellent chairman, stimulating the Conference by suggestive remarks, and guiding its deliberations.

## THE WORK OF A MATERNITY ASSOCIATION AND MOTHER-CRAFT CLUB.

Miss Morgan, a Queen's Nurse connected with the Canterbury Maternity Charity, in an interesting paper, said that in 1910 the committee of the Charity engaged a trained-nurse-midwife; visits were paid to St. Pancras School for Mothers, and the Marylebone Dispensary, and the work was started in three rooms, with capital of £13, £10 of which was on loan, so that they were not able to provide much furniture. But they purchased a pair of scales, costing £5, which are the envy of all who visit the Club; and a certain amount of printing was done. The members meet weekly, and pay 1d. a week. A lecture is given from 2-3, on such subjects as "Self-control," "Punishment," &c. While the lecture is proceeding, the mothers knit or sew, and their children are cared for in separate rooms. At three o'clock a doctor attends, and at four a cup of tea brings the afternoon to a close.

The object of the club is to teach mother-craft, and thus to prevent infantile mortality; also to care for the health of the mother in pregnancy; to help mothers to save during pregnancy and to provide them with nourishing, well-cooked food.

Miss Morgan also emphasised the desirability of confinements taking place in hospitals. In reply to questions, she said (1) That dinners are not directly provided for nursing mothers, but tickets are given them, to go to a cheap restaurant, where a good dinner is provided for 5d.; (2) There is a savings bank, through which expectant mothers can put by, for the expense of doctor, midwife, extra nourishment, &c.

## ON PREPARING AND READING LECTURES.

Miss du Sautoy, County Superintendent, Somerset Nursing Association, presented an excellent paper on the above subject, which we hope to deal with more fully in a future issue. As a practical hint to those giving such lectures, she suggested that they should be called Nursing rather than Hygiene lectures.

Miss Rosalind Paget inquired whether nurses who undertake such important work as lecturing, in addition to their other duties, get higher salaries; the reply was in the negative. Another question was whether a fully-trained nurse should lecture for a fee of less than 10s. 6d., when lady doctors receive a guinea, and get their information from the nurses. Miss du Sautoy did not think it could be done, unless the lecture was worked in

with other duties, such as inspecting. It was also asked whether it was desirable for an association to get outside help to assist with the nursing, while a nurse is giving lectures, and suggested that if a nurse is doing the whole of her own work she is unfit to give lectures; and that it is easy to get a willing horse to work, but that an overworked nurse is not always provided for when her health breaks down.

#### TUBERCULOSIS VISITING NURSING.

Miss C. Wills, Inspector under the Irish Branch Q.V.J. I., wrote a paper on Tuberculosis Visiting Nursing, which was read by Miss Raw.

The paper stated that before the famine in 1897, Ireland was very free from tuberculosis, but since then the death-rate from tuberculosis has been steadily rising. In 1907, the Women's National Health Association was formed to arouse public opinion, and spread knowledge which will promote the upbringing of a vigorous race. Working in conjunction with the medical profession, two specially trained Queen's Nurses were appointed in 1898 to visit hospital out-patients with symptoms of tuberculosis, and instruct them and their friends in the absolute necessity of cleanliness. They also traced out infected rooms, and distributed cards of simple instructions. At the end of the year, 274 families had been visited, the average weekly visits paid being 140; 175 sputum flasks were distributed. In 1909, a holiday home for women and children was opened at Suilton, and the 120 beds were always full, the majority of patients being recommended by Queen's Nurses.

We hope to deal in a future issue with the interesting paper read by Miss Lucy Glass, Assistant Superintendent of the Leicester District Nursing Association, on the organisation of tuberculosis nursing in that town.

Miss Pye, Secretary of the Tuberculin Dispensary at Portsmouth, described the work done there in connection with which fully-trained nurse health visitors are responsible for carrying out the details under the Medical Officer of Health. All cases ill enough to require daily nursing or additional health visiting are attended, and patients attending at the dispensary are given the day and time for their next visit so that there is practically no waiting, an arrangement which must be greatly appreciated. Nurses visiting in the homes teach the importance of washable pocket linings, the right disposal of sputum, &c. They make careful observations, report defects of sanitation, and during their visits advise "contacts" to come to the dispensary for examination, when, if advisable, they are treated with tuberculin.

In the discussion which followed, the question of the effect of tuberculin was discussed. Miss Pye stated that there is a small proportion of raised temperatures in "sensitive" people, but most patients do not have to stay in bed. The difficulty of keeping these cases in a Poor Law Infirmary after a certain time was discussed,

and the Chairman remarked that in the North Dublin Infirmary there is a special wing for tuberculous cases. She also pointed out the possible effect of attending dispensaries, especially on lodgers, some of whom were hounded out of their lodgings owing to the fear of infection.

#### SCHOOL NURSING.

Miss March, Inspector of Midwives at Carlisle, said that the Cumberland Nursing Association, in return for help given by the County Council, delegates a superintendent of district nursing to accompany the doctor at the medical inspection of schools. The local nurse also attends if possible. After the general examination, all throats are inspected. An inspection of heads is also made. In the case of dirty and verminous children, each parent receives notice, the nurse visits the homes without delay, notes as to the sanitary condition are made, and written reports sent in, Saturday morning being devoted to this. Homes are never visited before 9.30 a.m. or after 5 p.m. The school nurses prepare and sterilize the tongue depressors. Gardener's labels are sometimes used for this purpose, in which case a fresh one is taken for each child.

The school nurses have the entry of the homes wherever there are children, and the Cumberland Health Lecturers give 5 to 10 minutes' talk to the children in school hours.

In closing the Session Miss Hughes, said that the development of the work of trained nurses in reaching the homes of the people, as various Acts of Parliament were passed affecting the national health, is most interesting. What is being done in Great Britain is being copied in every other part of the civilised world. She strongly urged, however, that no real good would be done so long as unfit, irresponsible people are permitted to bring children into the world. The segregation of the feeble-minded, and their adequate supervision is of supreme importance.

#### SESSION II.

##### INFANT LIFE PROTECTION VISITING.

Miss Ewens, Superintendent of the Kingston Nursing Association presented the first paper in the evening session, presided over by Miss Hughes, in which she plainly described the need for, and the duties and opportunities of a nurse as an Infant Life Protection Inspector. We propose to refer again to this paper in another issue.

##### SCHOOLS FOR MOTHERS.

Miss L. Odell Carter, Superintendent of the Queen Victoria's Institute, Reading, described the organisation of the School for Mothers in that town, and said that practising district nurses could easily fill such a school from amongst their patients. The head of the school must be a good all-round person, with vast quantities of tact, and amongst her duties was the supervision of voluntary as well as professional workers. Schools for Mothers, elaborate or simple, had come to stay, and resulted in improvement in



the homes of the poor, reduction in infantile mortality, and the realisation of the duties of motherhood. The chairman referred to the difficulty of getting the feckless mothers, whom it was specially desirable to reach, to attend, and the speaker admitted the difficulty. A great effort was made to instruct the mothers in the training of character, and to discriminate in dealing with various characters. She mentioned that the Women's Imperial Health Association is preparing a cinematograph which will be a valuable means of instruction.

Miss Marsters, Superintendent of the Paddington and Marylebone District Nursing Association, read a valuable paper on the co-operation of charities; and, in discussing the various forms of help said that it might be money which was needed, but personal service was sometimes more valuable. Societies dealing with relief in sickness—exclusive of religious work—had an income of over ten millions a year. She emphasised the danger of over-lapping. She instanced a case to which a district nurse was called in by the doctor, in which one lady visitor was trying to get the patient into a home for the dying, and another benevolent person endeavoured to secure his admission to a convalescent home. The patient was an unsuitable case for either, and the doctor refused to sign both certificates.

Another consumptive widow, whose husband died of the disease, refused all treatment, and infected two children. She was receiving assistance from Church of England, Roman Catholic, and Baptist charities, as well as from a private individual.

Other causes of failure to assist cases of distress effectively were that all the resources at command were not tapped, and neglect to provide against sickness. A district nurse must acquaint herself with all the agencies in her district from which she could get relief for her patients. Again, in the case of a man, old employers might be approached, and work secured for the wife, if the children could be provided for.

#### THE NOTIFICATION OF BIRTHS ACT.

Miss Agnes Tyson (Superintendent of the Barry District Nursing Association), sent a paper, which was read by Miss Blair, on the working of the above Act in Barry, which is a town practically free from slums. The adoption of the above Act resulted in the immediate reduction of the infantile death rate. The nurses, who acted as inspectors, were well received, and their instructions looked forward to and acted upon.

Miss Marsters inquired whether the visiting, in connection with the Act, was carried out, as a rule, by nurses or sanitary inspectors; and it transpired that in one town it is in the hands of men sanitary inspectors; also that in Sunderland, every encouragement is given to notification, and the first person to send in the notification of birth receives a shilling.

#### DISTRICT NURSING.

Miss Buckle, Superintendent of the Brighton

District Nursing Association, said that the district nurse is no longer a luxury, and has come to stay. She emphasised the importance of a post-graduate course for district nurses, and said the fully-trained hospital nurse, who struggles on without it, and afterwards seeks training, finds the difference it makes to her. For instance, she is apt to despair, when provided only with a tin basin with a hole in it, and does not realize that it can be stopped with soap. The trained district nurse also finds time to learn something of family conditions, by noticing the memorial cards on the walls, the certificate of membership of a friendly society, and the school prizes.

If a nurse sets out to have an easy time she will not find her vocation in district nursing. But she will have great opportunities of useful work, in a life of happiness, and much service.

The Chairman said that the keynote of the papers had been that of personal and national service. The same service was demanded of private and hospital nurses, for, from great ladies downwards, there was ignorance of the laws of health. Moral instruction could appropriately be given by nurses to girls and mothers. There is, she said, no curtain between us and the hidden sorrows and sins of humanity; and we realise that a great deal of trouble is caused by ignorance. Trained nurses, however, do not always rise to a sense of their responsibility, in raising the physical and moral standard, and educating people as to the national burden of the feeble-minded. It has been well asked, what is the good of giving liberty to those who cannot use it.

(To be continued.)

## LEGAL MATTERS.

### BURNING A PATIENT.

At a special court recently held in Castlebar before Mr. James Roache, R.M., Ellen Kilcoyne, an attendant in the Castlebar District Lunatic Asylum, was charged with inflicting grievous bodily harm on a patient in the institution by burning her with a red hot poker.

Almost incredible evidence was given by Penelope Reilly, a female attendant in the asylum, who was in charge of the observation ward on the night of March 18th, when the alleged assault occurred, two other attendants having to visit each dormitory every hour during the night. The witness stated that, with an attendant named Bridget Walsh, she was in the observation ward about 4 a.m., when the accused brought the patient to the lavatory, heated a poker red hot, and, subsequently took it out to the lavatory, and told the patient to open her mouth while she put the poker down her throat. The patient implored her not to burn her, and the witness also expostulated, but nevertheless Ellen Kilcoyne laid the poker on the patient, who was at that time quite naked, twice on her left thigh, and once on her abdomen. The woman implored the witness



to save her and also said to the accused: "Do anything you like to me, but don't burn me." The witness also stated that she told the accused not to do anything to the patient while she was in charge, and took the woman to the observation ward. The accused then re-heated the poker, saying she would burn the patient again.

The witness under cross-examination, admitted that she did not report the occurrence; eventually Miss Macaulay accused her with the others, and the three of them were before Dr. Ellison, and they all denied it. She further admitted that she did not tell who burned the patient till Head Constable Hicks came up.

Dr. F. C. Ellison's evidence having been taken the accused was returned for trial at the Mayo Summer Assizes in July.

#### TRADING ON NURSING UNIFORM.

A woman, who gave the name of May de Caen, who was charged with fraud at the County Hall, Nottingham, last week, appeared in the dock in nursing uniform. The charge was that on the strength of her representations, that she had obtained a post at the Derby Union Infirmary, she obtained lodgings from Miss Heath, at Allestree. She directed her bill to be sent to a firm of solicitors in Derby, who, it was found, knew nothing of her; neither had she been engaged by the Guardians.

She was sentenced to 14 days' imprisonment in the second division; and, as there is no State Registration of Nurses, will doubtless soon be able to obtain credit again, by wearing the uniform of an honourable profession.

#### HOSPITAL DISORGANIZATION.

The inquiry by the Local Government Board into the administration and management of Coathill Fever Hospital, in the Town Hall, Coatbridge, exposes an extraordinary condition of affairs, which in the interests of the patients will receive due consideration next week.

The disgraceful and dangerous mismanagement of the Stoke Joint Hospital Board is exposed in the report made by Dr. C. H. Phillips. Nursing supervision appears to be the remedy for much of the disorganization in each case.

#### CHINOSOL.

It is of the utmost importance to nurses and midwives to be able to carry, for use in district work, an antiseptic, which is both effective as a germicide, and non-poisonous in any dose. Chinosol, which is obtainable from any leading chemist, and is supplied by Messrs. B. Kühn & Co., 16, Rood Lane, London, has the further virtue, that it does not injure the hands, is inexpensive in use, and very portable; also a solution can be prepared with cold water. It is also prepared for toilet purposes, in soaps, tooth powders, bath tablets, and foot powders; and in tablets of 1½ grains, one of which, in a tumbler of water, makes a very efficient gargle.

### LITTLE CUCKOO FLOWER.

(Concluded from page 360.)

#### CHAPTER III.

The bean was in flower.

Honey sweet.

Martha closed the door and window of the houseplace, so that its exquisite essence should not penetrate the recesses of memory, and stir to passionate life visions of little Cuckoo Flower.

Then she sat very still in her straight-backed chair, her hands pressed over her aching heart.

Nearly two years had gone by since she crossed her threshold with the dead child crushed against her breast, yet justice had not been done.

Martha was a changed woman.

All the ruddy beauty of her fine face, and the maternal grace of her figure had faded and shrunk. From force of habit she still trod firmly, and stood erect, but the grief-stricken face seemed somehow to blot out the sunlight, and the sight of her tragic eyes was shunned in these days. Not that the woman appealed for sympathy. She lived alone, very silently, in the little cottage by the wood.

There was, however, no longer any rustic beauty about the place. The shutter was closed tight in the front parlour, and the blind drawn down. The garden facing the road, so trim and flowerful of yore, was untended, overrun with weeds, and the box edges untrimmed. A few coarse shrubs dominated the patch, in the uncouth way coarse creatures spread themselves if the pruning knife is laid by.

No one with the exception of the parson's wife dared mention little Cuckoo Flower to Martha. Indeed, for days after the child had been wrenched from her for burial she had shut her door in the face of all her neighbours; and hidden behind drawn blinds, the whole village believed her dead within.

Quite alone came the parson's wife. She smashed the kitchen window, and opening it wide slipped quietly in. What passed between her and the desolate woman there was never told, but she opened wide the door and let in the sunlight. Then she fetched sticks and made fire, and fed and warmed the mother of the sweet child she loved. All night she watched beside her, encouraged and scolded, and embraced and hustled the poor creature back to life and work.

So much she did, but no more.

When she preached patience Martha eyed her calmly.

"Yo' know it ain't a matter of patience. In His own good time the Lord God will wax hot, and kill with the sword—that's His promise."

Then in urging forgiveness the parson's wife evaded the eyes of the outraged mother.

"It ain't vengeance as I call for, but justice," said Martha.

It became known in the village, although she confided in none, that Martha Martin had turned the key in her cottage door, and trudged many a mile and back to the county town, where she had waited on the supreme officer of police. She had gone with hope, and returned without it.

None seemed to appreciate the value of the life of little Cuckoo Flower, or the horror of her death. A little peasant wench, just one of thousands! Sad, sad indeed, but such things had happened before and would happen again. The criminal was probably one of the wild Irish who infested country places in harvest time, and who had long since returned to his distressful isle of bog and myrtle. Thus the Chief Constable!

"You're wrong," replied Martha, as she passed from his presence. "I've knowed these Irish from my youth up—they've the fear of God in 'em."

As Martha tramped home through the dripping rain she bethought her of a day in the heyday of youth. A dozen Paddies were located in the village, working early and late, reaping the golden harvest—sleeping in barns and stables on a shakedown of straw. Once in a lone place she came face to face with one of these men—his garments were tattered and torn. She recalled how he had opened a gate for her to pass through, and had stood bareheaded, smiling at her through the black-fringed splendour of his blue eyes, which expressed so inoffensively "You're a lovely lass." A prince in disguise she had thought him, because of his grand air and his voice beguiling, and she recalled how it had flashed through her mind "If this tattered boggart said 'Come'—what power could hinder her?"

Alack! how sad had been her heart on the day when, with all his worldly goods in a kerchief slung over his shoulder, he had stepped jauntily down the village street, face to the west—never, never to return!

Never had a man of this gallant race besmirched her tender Cuckoo Flower! Thus decided Martha.

The rain soaked through the woman's shawl and cotton garments as she walked stolidly

home. When she came within her cold and deserted houseplace she had done for ever with respect for the law of man.

She would take the law into her own hands.

Long she sat and brooded beside the fireless grate.

The murderer lived.

He should pay the price.

When face to face all things must be in order.

She lit a tallow dip in a metal stick and passed into the parlour. Here from before the rusty hobbled grate she pulled aside the mat, which in past years she had fashioned from snips of tailors' cloth. Revealed was a long and solid stone; she knelt down and tested it. It was firmly laid, but what had been done could be undone. She replaced the mat and crossed to the window; here the blind was down and the shutter fast closed. Then she fetched the coal hammer and a crowbar. She had a strong arm and a silent tongue.

*She would prepare a place.*

Then the Lord God would hear her cry—He had promised.

\* \* \* \* \*

Another year had passed.

The Lord God had given no sign.

The bean was again in flower.

Oh! how its subtle scent brought back the sweetness of little Cuckoo Flower!

Surely that was her gentle voice speaking with the flowers.

Martha rose and passed into the garden. The moon had risen—it was night. She stood in the shadow—footsteps she heard and voices just beyond the privet hedge in the lane. Two men came in sight. "Good-night, Bill," cried one. "I ain't going no farder—you cut through the wood, it's shortest road."

The two men parted, one returning the way he had come; the other turned into the lane leading to the village through the wood.

Martha watched him intently. She knew him to be the lad, now grown man, blamed by some for the death of her husband. He passed a few paces down the lane, turned and waited. She looked well at his face. Furtive it was and drawn with fear. Then he came stealthily back again—peered round the corner, and set off softly towards his home along the longest road.

*He dared not pass through the wood.*

Martha stood very still.

Her heart leapt in her bosom.

The Lord God had heard her cry.

She went within and closed the door

\* \* \* \* \*

When it became known that Bill Baily had taken his knapsack and set sail for foreign

parts (he left a letter to this effect for his mother) the news made little stir. Anyway, it was said, Botany Bay was his ultimate destination, as well sooner as later.

The matter was never mentioned to Martha.

Come harvest time she was to be found once more amongst the gleaners, with something of the old spring in her step and flush on her cheek. Her neighbours noted that the parlour blind was updrawn, and her garden tended, and, though always a place of silence, the cottage by the wood had once more the air of human habitation. Here for forty years she lived alone, and here it was she died. She was laid under the flowering thorn, by the side of little Cuckoo Flower, whose crimson tragedy had been long forgotten by a passing world.

\* \* \* \* \*

Later the tumbledown little cottage was entirely demolished, when behold! under the great hearthstone, buried deep—deep in earth, was found the skeleton of a full-grown man!

But how he died, and when, none will ever know.

\* \* \* \* \*

Parson's wife, many years a widow, came one summer's day from afar, and lingered long by the mounds under the crimson thorn.

She looked straight upward into the calm of a cloudless heaven.

"Had she been bone of my bone, and flesh of my flesh, I too might have done it," her heart cried out as if in appeal to the Most High.

ETHEL G. FENWICK.

THE END.

### COMING EVENTS.

*May 13th.*—Medico-Psychological Association, Final Examination.

*May 13th.*—National Food Reform Association Conference. Diet in Schools. The Guildhall, E.C.

*May 13th.*—Penal Reform League. Conference on the Feeble-Minded. 1, Portman Square, W. 3.15 p.m.

*May 15th.*—Queen Victoria's Jubilee Institute. Conference of the Affiliated County Nursing Associations.

*May 20th.*—Meeting in support of the Myddelton Square Maternity Nursing Association, by invitation of Viscountess Clifden, 1, Great Stanhope Street, Park Lane, 3.15 p.m.

*May 21st.*—Ninth Annual Meeting of the Rural Midwives Association, 3, Grosvenor Place, S.W., Lord Aberdare presiding. The National Insurance Act, with special reference to midwifery, will be discussed. 3 p.m.

*May 22nd.*—Asylum Workers' Association. Annual General Meeting. 11, Chandos Street, Cavendish Square, W. Chair, Sir William Collins, M.D., F.R.C.S. 3.30 p.m.

## OUTSIDE THE GATES.

### WOMEN.

Mrs. Bedford Fenwick has been invited by the Council of the Society of Women Journalists to represent it at the International Congress on Eugenics to meet in London in July.

Miss Beatrice Cutler, Assistant Matron, St. Bartholomew's Hospital, has been elected a member of the Lyceum Club on her social service qualifications. Miss Cutler, together with the late Miss Isla Stewart, is the only English nurse not working in France upon whom the Medal of the *Assistance Publique* of Paris has been bestowed. Her twelve years' work in Egypt was also of an educational and very useful character.

Lord Wolmer has introduced a Bill proposing to enable women to become barristers, solicitors, and Parliamentary agents. A thousand congratulations to this progressive young Unionist. Women may now practise as barristers in France, Belgium, Canada and the United States. It is nice to think that we may not be quite the last nation to permit free choice of such professions to women!

*The Conservative and Unionist Women's Franchise Review*, which is issued quarterly, and which is the official organ of the Association of Women of that Party, presents with the current issue a charming portrait of the President, the Countess of Selborne. The journal is admirable, well edited and produced, and contains some very persuasive articles.

The lantern lectures which have been prepared by Miss Amelia Gurney and Mrs. Scoresby Routledge on "Women's Work" and "Lands where women have the vote," have already been given in several places, and are proving most successful.

The Association intends to hold a dinner and reception at the Hotel Cecil on May 21st to raise funds to carry on with quiet persistency propaganda concerning the demand for women's enfranchisement.

The greatest woman suffrage parade which New York has ever seen took place there on May 4th, when between 8,000 and 10,000 women and about 1,000 men sympathisers marched from Washington Square up Fifth Avenue to Fifty-Seventh Street. Women of almost every occupation and profession, of all classes, rich and poor, and of all ages, participated. They were dressed mostly in plain white, and the line of march was gay with their bright sashes, pennants, parasols, and banners, bearing "Votes for Women" and other inscriptions relating to the woman suffrage movement. We see our dear Miss Dock in that wonderful procession—and no doubt many of the leading American Nurses were with her.



## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

### OUR PRIZE COMPETITION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I beg to acknowledge with many thanks your cheque, value 5s., for this week's Prize Competition.

Believe me, yours faithfully,

ELIZABETH MARTIN.

Royal Halifax Infirmary.

### A KIND OFFER.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—My work of selling THE BRITISH JOURNAL OF NURSING in the Exhibition Hall, last week, was both interesting and amusing. My chief impression resulting from my experience is this: If nurses (trained and in training), fully grasped the important fact, that it is a *professional* journal, in contra-distinction from the lay-edited unprofessional nursing papers, they would subscribe to it very much more than they do. Among the large number that passed my pitch, some were stupid, others were apathetic, and others were really glad to be enlightened. Among the latter were some quite young nurses, beginning their training. I laid hands on these, took them aside, and gave them some real good motherly advice—showing them the duty and advantage to themselves of supporting a professional journal. If this should meet the eye of any of those nurses, I should like to tell them that it would give me much pleasure to send the JOURNAL (post free) to six of them for three months, on condition that they will continue to subscribe to it, from the office, for another nine months. By that time they will have learnt to appreciate it, and will not be able to do without it. By this means, too, I shall be able to test the strength of purpose of those who seemed to be really interested. Awaiting the reply of my six converts,

I remain, yours very truly,

10, Coliseum Terrace, BEATRICE KENT.  
Regent's Park, N.W.

[We thank Miss Beatrice Kent for her practical interest in the professional work of this JOURNAL. ED.]

### EVIL EFFECTS OF THE INSURANCE ACT IN IRELAND.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The National Insurance Act is thoroughly unpopular in Ireland, and the injury we shall suffer from it will not stop at paying the tax. Already the hospitals anticipate a disastrous decrease in financial support from the public; and in considering ways and means, are already proposing to increase the out-staff, that is their

private nurses—so as to increase their revenue. This means more work diverted from those of us who work outside charitable institutions, and seems most unjust and unfair. Whilst sympathising with the financial troubles of our hospital committees, I do resent a class of working women, as we are, being called upon to pay more of this Insurance tax than we are compelled to do by law.

Yours truly,

A DUBLIN NURSE.

### THE POWER OF THE PRESS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

Scuola Convitto,

Policlinico, Rome.

DEAR MADAM,—On behalf of some of the suffragist nurses working at the above institution I beg to tender our sincere thanks for your splendid work in relation to obtaining the release of brave Nurse Pitfield.

You may know how keenly I have felt upon this subject, when I add that she was personally known to my sister, who, at the present time, is suffering an honourable imprisonment in the same cause.

I beg to remain, faithfully yours,

IDA L. BURKITT.

### REPLIES TO CORRESPONDENTS.

*Sister Owen.*—Many sisters have the same experience, they answer numberless advertisements for matrons' posts and are seldom selected candidates unless they have some local interest. Our advice is to step from being a sister to an assistant matronship; hold this post until experience gives confidence, and then apply for a matronship. You will have a much greater chance of success.

*C. F. M.*—Do not accept work under an unprofessional person. Friction is sure to arise sooner or later.

### OUR PRIZE COMPETITIONS FOR MAY.

*May 18th.*—Give some hints how to be popular as a Private Nurse?

*May 25th.*—What meals should be served in hospital wards daily; how, so that they reach the patient in an appetising form?

## NOTICES.

### AN IMPORTANT POST AT BRUSSELS.

We call the attention of our readers, who are thoroughly conversant with French, to the vacant post, notified in our Advertisement Supplement, for a Superintendent of Nurses at the Hospital of St. John, Brussels, where a new training school for nurses has recently been established. It should prove an interesting sphere of work.

A form of application for a voucher for cheap railway tickets to and from the Exhibition and Conference, to open at Bristol on June 6th, organised by the Nurses' Social Union, will be found on page 1 of our advertisements.

# The Midwife.

## THE MIDWIFERY CONFERENCE.

(Concluded from page 364.)

THURSDAY, APRIL 25th.

### THIRD SESSION.

Dr. R. Murray Leslie presided over the Midwifery Conference on Thursday, April 25th, and, in introducing the first speaker, Dr. Dingwall Fordyce, said that he had the practical experience of a physician to one of the largest hospitals in Scotland, the Royal Hospital for Sick Children, Edinburgh.

#### INFANT FEEDING.

Dr. Dingwall Fordyce said that at the the present day everything to do with baby feeding and the care of babies has become fashionable, and that a great multiplicity of detail has gathered round the subject which is unscientific, and which the leaders know to be unscientific. The human baby is a mammal dependent on its mother's milk for sustenance. The young of the human species is very undeveloped, and for months and years needs extreme care from women. The first point emphasised by the lecturer in this connection was that, though the question of feeding is extremely important, right feeding is practically useless unless the child is adequately cared for by some woman. The problem before the medical practitioner called to treat an infant a few months old with digestive disturbance is that if looked after by some woman it may receive the care it needs, but the directions as to feeding will probably not be carried out. If taken into hospital the feeding will be all right, but the nursing will be insufficient, because the nursing staff is not large enough. In Germany and America the proportion of nurses may be larger.

A baby loses heat very rapidly, it is excitable, its power of resistance to infection is slight. The lining membrane of the stomach and intestines is very delicate, and there is a danger lest prejudicial organisms contained in infected milk should find entrance to the glands and bones, causing tuberculosis: 75 to 80 per cent. of infantile tuberculosis is of bovine origin.

In the case of an infant deprived of its natural nourishment the important thing is to give it something as nearly resembling mother's milk as possible, and also to prevent indigestion. The speaker emphasized the tremendous changes which take place at the time of birth, and said that the first essential is rest, for the first day or two the less artificial food an infant gets the better.

In the case of breast feeding the mother needs advice; often the reason for failure is that she is not feeding the child properly. It should never be put to the breast more often than every two

hours. The amount of milk given at a feed is also important; a rough rule, is to give the same amount of ounces as the baby's age in months; thus for a child of one month the right amount for a feed is one ounce. An ordinary healthy baby may be brought up in many ways, but the sooner a hand-fed baby is put on scalded milk the better.

A nurse who goes to a children's hospital gets a scientific training. One cannot, said the lecturer, speak too strongly against this. She comes away impressed with the importance of citrated milk, and peptonised milk, but there are many much more important things which she ought to learn. It is important that she should possess common sense and be *en rapport* with the patient. Training develops powers of observation and tact.

In reply to questions the lecturer said he should be sorry to trust many of the nurses who go out from children's hospitals with babies. He expressed a preference for the scientific woman who can develop herself along common-sense lines.

Miss Breay doubted whether the training of nurses in the care of infants had as yet received sufficient consideration. As a rule they are admitted to wards with older children; the only hospital with which she was acquainted which specializes exclusively in the care of infants is the Infants' Hospital in Vincent Square, Westminster. If a trained person were not more competent than an untrained one the fault could not be in the fact of training, but rather in its being wrongly directed.

The Chairman said the alternative was whether the balance was in favour of an untrained woman with common sense, or the scientific nurse, but this Dr. Dingwall Fordyce repudiated.

Questions were asked as to the right way to deal with constipation caused in infants by a diet of boiled milk and water, also as to whether infants fed on scalded milk were not likely to develop rickets. The lecturer replied that the cause of rickets is unknown, therefore because a child fed on scalded milk develops rickets this cannot be regarded as cause and effect. But as the danger of contracting tuberculosis through un-boiled milk is a real one he advocated choosing the lesser of two evils, and thought that in the case of rickets versus tuberculosis there can be no question which is the least evil.

#### MIDWIVES AND THE NATIONAL INSURANCE ACT.

Dr. Marion Andrews, N.I.A., who was the next speaker, explained the National Insurance Act in its relation to midwives. The Act, she emphasised, is now law, whether we like it or not. As Health workers, midwives are only concerned in the first part. In addition to the compulsory insurance there is the voluntary side of the scheme whereby people working for themselves, such as

small shop-keepers, nurses, and midwives can come under the Act if they take advantage of it before January of next year. Speaking of the "benefits" under the Act given for the conjoint payment by the employer and the insured person of sixpence a week the lecturer said that in Ireland (where the weekly payment is 4½d.) the medical benefit has been cut out. It is quite possible that before July the medical benefit may be cut out of the scheme for Great Britain also. The sanatorium benefit includes not only the treatment in the sanatorium but the railway expenses incurred in transit. The maternity benefit is to be paid in cash or kind on the birth of the child, not 7s. 6d. a week but a lump sum of thirty shillings. In the case of a married woman this sum comes out of the funds of the husband's society, but he is bound to apply it for the benefit of his wife. An insured married woman is entitled to draw 7s. 6d. a week sick pay. The unmarried woman receives 30s. In the case of a woman going into a hospital for her confinement the sick pay will be applied for the benefit of her dependents, or if not for her dependents it will go to the hospital. The maternity benefit will go in such a case to the hospital, or it may be applied to paying doctors and nurses under the Act.

Dr. Andrews said that there are 6,000 friendly societies in England and about 150 in Ireland. She strongly advised nurses to join a society for nurses. The benefits may be altered, or changed in character to suit their needs. Thus for nurses who receive free medical treatment and are provided for in sickness there would be nothing to prevent the sick pay being doubled. In an ordinary society they could not get that.

Midwives have definite status under the Act; trained Nurses are not registered, and there is no mention of them in it. "That," said Dr. Andrews, "has got to be remedied." In Ireland no Midwives Registration Act is in force. They were determined to make the Insurance Act a lever to obtain Registration of Midwives. She appealed to Midwives to help to secure the appointment of the right people on the Local Health Committees.

## FRIDAY, APRIL 26th.

### FOURTH SESSION.

On Friday afternoon the chair was occupied by Mr. George Thomson, F.D.S., and the first speaker was Alderman Broadbent, of Huddersfield.

#### THE NEED OF CO-OPERATION BETWEEN HEALTH AUTHORITIES AND MIDWIVES ON THE QUESTION OF INFANTILE MORTALITY.

The speaker said that the importance of the work of Midwives, in relation to infantile mortality ought to be obvious. Considering how large a proportion of still births, and live births returned as still births, have been caused by inefficient first aid, the efficient training of Midwives must be in the forefront of every campaign for the preservation of infant life. How is it, he asked, that the preservation of the life of babies is in the hands of the municipalities at all? It would have been

much less surprising if the Church had taken up this campaign, or the medical profession; but to municipal authorities belongs the credit of discovering the importance of the baby, and the work of the health authorities and the Midwives has led to the joining up of the forces working in its favour. Under the Notification of Births Act, the health authorities are informed of all births and a large number of these notifications come from Midwives. The speaker expressed the opinion that, under the Midwives Act, the powers of supervision possessed by local supervising authorities might be so administered as to deter the best class of Midwives from entering the profession. The position of the Midwife should be better and more secure.

The next speaker was Mrs. Greenwood, who said she spoke both as a public health official and a registered Midwife. She explained that, as a sanitary inspector, most of her work consists in visiting mothers, and in investigating the causes of infant deaths, and emphasised the necessity for the co-operation of Nurses and Midwives with the authorities in all branches of health work. At the present time, she said, attention is being directed from the environment to the individual, and more and more to the child; and the time of birth, when a Midwife is frequently in attendance, has a most far-reaching influence for good or bad. The speaker expressed a strong desire for some common formula, which could be worked upon by health authorities and Midwives, though she owned that the views of Midwives and sanitary inspectors are often very different. She deprecated the waste caused by overlapping of work, of which she gave an amusing instance.

#### THE WORK OF A NURSE AT A SCHOOL FOR MOTHERS.

Mrs. Barnes, formerly Superintendent of the St. Pancras School for Mothers, spoke of the work of a Nurse in such a school; and advocated co-operation with the local health authorities. She said that the ignorance of the mother, as girl, young woman, and young wife, renders her incapable of discharging her rightful duties; and the fault lies with the whole nation, which permits her to be brought up on a system of haphazard, and yet shouts that woman's place is in the home. The teaching of home-craft and mother-craft are needed, and this is the aim of Schools for Mothers. It is not difficult to see the vast sphere of usefulness possessed by the head of a School of this kind. Ideally, there can be no doubt that the Superintendent of such a school should be a fully-trained nurse; at the same time, it is a *sine qua non* that she must be a personal friend to the women; never sharp; a friend, working side by side with those she knows and loves. It must always be remembered that the women are not compelled to attend.

In the discussion which followed, Lady St. Davids, Dr. Gaffikin, and Miss Burnside, Inspector of Midwives for Hertfordshire, took part.



## THE ASSOCIATION OF INSPECTORS OF MIDWIVES.

### ANNUAL MEETING.

The Second Annual Meeting of the above Association was held, by kind permission of the promoters of the Nursing Conference, in the Technical School, Vincent Square, London, on April 25th. The majority of the members were present. After the reading and signing of the minutes, the members elected the officers and committee for the ensuing year. The President, Miss Macrory, M.B., and Miss Wooldridge and Miss du Sautoy, the Hon. Treas. and Hon. Sec., were unanimously re-elected. The following members were elected to serve on the Committee: Miss Cunningham, M.D., Misses Lowe, Olphert, Burnside, Pollard, McKenzie, Swain, and Renaud. The Hon. Sec. reported that a memorial had been sent to the Chancellor of the Exchequer *re* the Insurance Bill, with a request that a deputation might be received. Sir Rufus Isaacs subsequently received a joint deputation of several societies, among which was the Association of Inspectors of Midwives. He promised that the word "midwife" should be inserted in the Bill in connection with the maternity benefit, but a promise that midwives should be represented on the Health Committees could not be obtained.

A long and interesting discussion took place regarding the penal work of the Central Midwives Board in relation to the Local Supervising Authorities, and certain suggestions for facilitating this side of the work of the Local Supervising Authorities and their inspectors were embodied in three resolutions, which, it was resolved, should be sent to the Chairman of the Penal Committee of the Central Midwives Board.

### RESOLUTIONS.

1. That a copy of the defence of a midwife be sent to the Local Supervising Authority in every case when it is received by the Board in time to allow of such copy being delivered to the Local Supervising Authority before the day of the hearing of the case.

2. That when notice is received by the Central Midwives Board three days before the hearing of a case that a midwife is to be present or to be represented or assisted by a friend, legal or otherwise (Rule D. 5) the Board will notify the Local Supervising Authority by telegram of the fact, and allow the said authority or its representative to appear at the hearing of the case if the Board be notified to that effect on receipt of the telegram.

3. That the representative of the Local Supervising Authority may suggest questions to the solicitor of the Board at the hearing of a penal case, for the purpose of eliciting information from the witnesses of the Local Supervising Authority, or from the accused, or from her witnesses.

Miss Burnside (Herts) gave certain statistics regarding the result to the mother and child

of the care of the recently trained midwife and of the midwife of the older type, not altogether to the advantage of the latter. She, however, felt that her statistics were not quite reliable, as the cases from which she drew them were too small. She therefore offered to draw up a report on the subject for the next annual meeting if each inspector will give her, from her area, the necessary figures regarding medical help, stillbirths, &c. It is hoped that this request will obtain a wide response.

The meeting closed with a vote of thanks to the President, and another to Mr. Schefield for placing a room at the disposal of the Association.

## THE EAST END MOTHERS' HOME.

Viscount Goschen presided at the Annual Meeting of the East End Mothers' Lying-in Home, Commercial Road, E., held at his residence, 25, Rutland Gate, S. W., on Tuesday last.

In opening the meeting Lord Goschen said that financially the Hospital has had a good year. He referred to the success of Dr. Owen Lankester, the Chairman, in obtaining funds. If he was not a gold mine he was a successful miner. He also spoke eulogistically of the work of Miss Margaret Anderson, the Matron, who, he said, devotes her whole time, and energy, and life to the Home. All who visit the Home can tell how admirable a Lady Superintendent she is, the success of the pupils is a testimony to her teaching, and the atmosphere of the Home is an inspiration to those who work under her to put forth the best that is in them.

The following resolution was moved by Mrs. F. B. Mildmay, and seconded by Dr. W. S. A. Griffiths:—"That the East-End Mothers' Lying-in Home is engaged in excellent work, and deserves wider financial support, in order that it may be able to maintain its efficiency and enlarge the sphere of its activity. That the Annual Report and Audited Accounts for the year ended December 31st, 1911, be taken as read, and are hereby adopted—also that the General Committee, Committee of Management and Honorary Officers, be and are hereby re-elected."

Mrs. Mildmay, in an eloquent and most sympathetic speech spoke of the drab monotony of the life of the class from which the patients are drawn, and of the love of Miss Anderson and her staff for every individual baby. She spoke also of a visit to the district with a guide known as "the happy-faced sister," and how on making a small gift to a very poor mother the latter said, "My heart beats better now."

Dr. Lankester, in moving votes of thanks to Lord and Lady Goschen and the speakers, referred also to the invaluable work done by Dr. Corner for the Home. He did not know what they would do without him.

Much interest was aroused by the presence at the meeting of a mother, born in the Home, and her baby, also born there.

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## EDITORIAL.

### THE PROBLEM OF THE FEEBLE-MINDED.

No one could listen to the speeches made at the Conference on the Feeble-minded held at 1, Portman Square, W., on Monday last, by kind permission of Mrs. Halsey, presided over by Sir George Savage, and organized by the Penal Reform League, without realizing that a problem of urgent and pressing importance is dealt with in the Bill to provide for the Protection, Care, and Control of the Feeble-minded now before Parliament.

In a resolution moved by Miss Kirby, and seconded by Mr. W. H. Dickinson, M.P., the Conference unanimously supported the above Bill, and further urged the necessity of providing greater facilities for the medical and psychological examination and observation, in Reception Houses adequately staffed for the purpose, of persons brought before the Criminal Courts.

Amongst the many interesting speakers, Dr. Robert Jones, Medical Superintendent of Claybury Asylum, Dr. Saleeby, and Dr. Ettie Sayer, dealt with the medical side of the question.

The former spoke of the moral imbeciles who were to be found, and could be dealt with, in the schools. Every one knew such children—mentally they might be clever, but they were of the type who would pinch other children, throw the cat on the fire, and their mother's jewellery down the well. Dr. Jones said that such children in adult life repeat themselves with absolute fidelity, except in cases in which the condition is not congenital, but caused by subsequent injury. While agreeing to the principle of their segregation in Homes, believing that these "mental cripples" are happier so, he urged that Clause 10 of the

Bill, giving the Commissioners in Lunacy power to detain these cases, should be so amended as to provide for an annual revision of such detention, a suggestion which those present warmly applauded.

Dr. Saleeby said that while it might be expected that children who came of an unhealthy stock on one side, and a healthy one on the other, should exhibit blended characteristics, experience proved that it was necessary that such offspring should be examined individually, for practically it is found that something required for the making of the normal individual is transmitted to some of the children, while in others it is lacking. If both parents are mentally defective, the defect is invariably present in all the offspring.

Sometimes, however, the condition arises *de novo*, in the child of a healthy stock. The speaker suggested that the cause was to be found in the "racial poisons" (alcoholism and syphilis).

Dr. Saleeby believes that, both those who are working against and for segregation are animated by the desire to protect the feeble-minded, those who oppose being inspired by a fear of restricting personal liberty. The speaker contended that these people have greater freedom when under care, and gave as an instance the feeble-minded girl walking down Piccadilly at night with nothing in her pocket, and the same girl happily placed in a well-managed colony.

The Chairman fully agreed with the proposals of the Bill, and thought that the future of the race depends on the elimination of the corrupting element.

It is certain both from the Report of the Royal Commission on this question and from the returns of the Board of Education that present conditions call for immediate legislation.



## MEDICAL MATTERS.

### THE INFLUENCE OF HEARING IN RELATION TO THE MENTAL AND PHYSICAL DEVELOPMENT OF THE CHILD.

The annual Conference of the various provincial societies for child study was opened on the evening of Thursday, May 9th, at London University, at the invitation of the London Child-Study Society. A reception was held by the President, Sir Richard Martin, Bart., and an address "On Measurement in Child Study" was given by Sir James Crichton Browne.

The two days' work of the Conference commenced on Friday, May 10th, at 10.30 a.m., under the chairmanship of SIR JOHN COCKBURN, when an important paper was read by DR. KERR LOVE, of Glasgow, on the "Influence of Hearing in Relation to the Mental and Physical Development of the Child." After a brief reference to the values of the senses of touch and sight, Dr. Love entered in some detail into the influence of hearing as the educational sense *par excellence*. He quoted a letter to himself from Helen Keller, in which she said:—"The problems of deafness are deeper and more complex if not more important than those of blindness. Deafness is a much worse misfortune. For it means the loss of the most vital stimulus, the sound of the voice, that brings language, sets thought astir, and keeps us in the intellectual company of man"—and compared the normal and blind child, who could obtain speech through hearing, with those who were deaf and could not. It was a mistake to confuse deafness with mental defect in children, and he emphasised the importance of residual hearing and speech in the education of the semi-deaf and semi-mute. In conclusion, Dr. Love put before the Conference three suggestions as follows:—

1. Young deaf children should commence some kind of language training at three years of age or as soon as the fact of deafness is discovered.

2. The school period in schools for the deaf should be extended to eighteen years of age.

3. Every effort should be made to use the remaining speech and hearing of deaf children, and the semi-deaf and semi-mute should attend special schools from which the true deaf and dumb should be excluded.

The discussion was opened by MR. MACLEOD YEARSLEY, F.R.C.S. (Otologist to the L.C.C.), who strongly supported the reader of the paper.

If anyone doubted the truth of Helen Keller's words, he would remind them that she was in a position to judge, for she is both blind and

deaf. The sense of hearing gave to the child his physiological education and was the key of the child's early training. The speaker exposed the extraordinary and absurd anomaly of the British law, which enacts that education shall be compulsory for the normal and blind child at five, and for the deaf child, whose needs are so much greater, at seven! and he compared the two when they entered school. Mr. Yearsley supported Dr. Kerr Love as regards the mistake that deafness meant intellectual inferiority, and quoted figures from his own experience as to the occurrence of true mental defect in hereditary deafness. He urged the claims of the semi-deaf and hard-of-hearing child to special classes, and described the result of an experimental class for such children.

Earlier education, he said, was essential to good results of oral training. Speech was man's birthright and it was the deaf child's birthright also, and was not to be filched from him by finger-spelling. Esau who would make the deaf a race apart with a language of its own.

He would, in conclusion, add a fourth suggestion to those before the meeting—"That every effort should be made by teachers in elementary schools to prevent the occurrence of acquired deafness in young children." The whole tendency of modern medicine is prevention, and teachers have unique opportunities for advising parents. Organised advice for prevention should bear fruit in the future, for the medical common sense of an age is the experimental science of its predecessor.

DR. SHUTTLEWORTH spoke of the difficulties that sometimes occurred in distinguishing deafness from mental defect in the very young.

MR. F. G. BARNES urged the adoption of certain tests for backward children.

MR. B. P. JONES demonstrated what could be done for hard-of-hearing children by the teaching of lip-reading.

MR. SWEENEY also spoke, and DR. KERR LOVE briefly replied.

DR. BISHOP HARMAN then read a paper on "The Influence of Defects of Vision," in which he dwelt upon the evils of eye-strain and the necessity for the strict limitation of the eye-work of the young child. The discussion was opened by DR. EDWARDS-GREEN.

The morning's work concluded with a paper on "The Tuberculous Child," by DR. JANE WALKER. The discussion which followed was opened by MISS M. A. BROADBENT.

It is a matter for regret that the discussions had to be so ruthlessly cut short on account of the exigencies of time.



## CLINICAL NOTES ON SOME COMMON AILMENTS.

BY A. KNYVETT GORDON, M.B. CANTAB.

### WHOOPING COUGH.

We now come to a disease which is very common, and for which it may be justly said that familiarity has bred most undeserved contempt; in fact, its appearance is often regarded by the well-to-do merely as a social nuisance, and by the poorer classes with a complacent satisfaction, not infrequently accompanied by a broad grin!

If, however, one studies that excellent and most instructive volume—which deserves to be much better known than it is; in fact, many sermons might be most appropriately preached from it—I mean the Registrar-General's returns, one finds that this insignificant ailment is responsible for a large number of deaths, and is certainly not the excellent joke that some parents appear to make of it. So we may as well see what it is and how it can best be treated.

In the first place, it is an infectious disease, and is almost certainly due to a microbe of some kind or another, though none has as yet been satisfactorily isolated; in this respect it resembles measles and scarlet fever. It is very "catching," and is usually transmitted directly from one person to another, though infected clothing is sometimes to blame. It is undoubtedly conveyed sometimes through the air, though probably not over very long distances; the presence of a case at a children's party, for instance, generally results in the infection of almost all present who have not previously suffered from it. One attack protects from another almost invariably.

When the disease has been contracted there is an incubation period of from seven to twenty-one days, during which nothing is noticed, except, perhaps, a little malaise. Two groups of symptoms then develop—one due to an inflammation of the respiratory tract caused by the irritation of the organisms themselves, and another set which are due to the absorption into the blood of their poisons or toxins, and which are most manifest in the nervous system, though they may affect the intestinal canal also.

At first the disease is indistinguishable from a mild attack of ordinary bronchitis; thus there is a cough which in no way differs from the ordinary variety, and on listening to the chest one hears a few sounds due to the bubbling of air through secretion from inflamed bronchial tubes. This is the reason why the disease is so

widespread, for there is, at first, nothing to show that the patient should be isolated from others, though there can be no doubt that the disease is really infectious at this period. Sooner or later, though gradually, the character of the cough changes, and it becomes spasmodic, coming on in fits, with quiet intervals. The paroxysms get more severe, and after several sharp coughs, repeated in rapid succession, the patient struggles to get air into his lungs; when he at last succeeds, the air rushes in with a peculiar crowing noise, which gives the name to the disease. During the paroxysm there is intense distress, and the patient becomes very blue, and afterwards sinks down exhausted, or may even lose consciousness for a few moments. At the conclusion of the fit a pellet of tough mucus is usually coughed up, and the patient very frequently vomits.

In an uncomplicated case these fits of coughing last for from four to six weeks, gradually diminishing in frequency and intensity after the third week or thereabouts. Sometimes there is no definite whoop at all, but a paroxysmal cough, accompanied by blueness of the face, and terminating in vomiting, is usually sufficiently conclusive of the presence of whooping cough.

Whooping cough occurs most commonly in children of from one to eight years of age, and it is very much more fatal in those under two than over. Infants in arms are occasionally attacked, though they generally do not whoop. Unfortunately, it often occurs in children who have recently recovered from measles, and is then a very serious matter, as the previous illness has weakened the resisting powers of the patient, especially in his respiratory tract. After the age of four the outlook improves considerably; in fact, the death-rate falls to about two per cent. or less. Adults seldom contract the disease, probably because the great majority have suffered from it in childhood.

The most important aspect of whooping cough is the liability that it entails to certain complications. Of these the most serious and frequent is broncho-pneumonia, from extension of the inflammation from the tubes to the cells of the lung itself, and it is the despair of the physician. It is really a terrible complaint; day after day the temperature stays up, and just as one thinks that the patient is improving a little, one finds a fresh patch of pneumonia, and back the child goes again. The gravity lies in the fact that the patient gets no ease between the attacks of spasm, which are succeeded, instead, by persistent dyspnoea from

the pneumonia. The appetite fails, and every attempt to take food brings on the paroxysm, of which the child is living in hourly terror.

Another very serious complication is an attack of convulsions, which are probably due to irritation of the brain by the toxins of the disease; these, especially in young children, are often fatal, and they not infrequently come as the last straw to a child exhausted from pneumonia.

Then the digestive system is sometimes attacked, especially in the warmer months, and the patient suffers from vomiting and diarrhoea, which is very exhausting, even if it be not intractable, as it sometimes is. Of less serious import are hæmorrhages from the nose and under the conjunctiva, from the severity of a paroxysm; cerebral hæmorrhage, moreover, from this cause is not unknown, and may result in paralysis.

Taking all these facts together, the levity with which some parents regard the infectiousness of whooping cough seems almost criminal. I well remember, for instance, a loud whoop proceeding from the midst of a scrummage in a game of blind man's buff at a large children's party! I happened to be talking to a mother of one of the constituents of the rough-and-tumble at the time, and she merely said, "Oh, they all have to get it, don't they?" Probably they all did!

The treatment is also apt to be somewhat futile. The first thing that is done is to keep the child in a hot room with all the windows shut, and to accompany this by the administration of drops of eucalyptus oil on lumps of sugar, apparently with the idea of keeping off infection. I should imagine, incidentally, that most fever hospital superintendents wish fervently that this malodorous drug had never been invented!

Really one of the first points in the treatment of whooping cough is plenty of fresh air, and, in fact, when the child is fairly robust, it is best to adopt a form of open-air treatment altogether throughout the illness. If this is carried out judiciously the bronchitis becomes almost a negligible factor, and the increased supply of oxygen considerably improves the resisting powers of the patient, so that he easily recovers his strength between the paroxysms.

There is no drug, as far as we know, that will shorten the course of the disease, or have any effect on the organism or its toxins, but, inasmuch as the illness runs a definite course, and tends to die out after a time, if we can mitigate the severity of the convulsions meantime we can help the patient considerably. For this purpose four drugs are in use—bromide of potassium,

belladonna, Indian hemp, and antipyrin—all of which have their advocates. There are many more, but most of them are of the much-advertised "may we send you a free sample, Doctor?" brand, and are often only fit to accompany the exotic literature in which they are wrapped to the waste-paper basket. Personally I rather prefer fairly large doses of bromide of potassium, but opinions differ on this point, many physicians pinning their faith to belladonna.

When broncho-pneumonia supervenes, the main question is the adequacy of the nursing, which I believe to be of more importance than anything else. It is here that a good nurse really shines; infinite patience is necessary, and the ability to regulate the feeding and times of rest for the patient that can only be learnt by long experience and rigid training. Here it is, incidentally, that the sham "hospital-trained" nurse that is not unknown in some proprietary nursing homes so signally fails, as an ability to talk about the ailments of her last patient, and to discuss the merits or demerits (generally the latter) of the medical attendant, which often constitute her chief stock-in-trade, are not of very much use to a whooping child. Generally speaking, if one can get food into the patient and secure some sleep for him, he recovers, but if not, he dies. As regards drugs, one has to try to give the child enough sedative to allay the paroxysms, but not enough to check the secretion from the inflamed lung. But the nursing is the more difficult.

After an attack, the convalescence is often very much prolonged, and a change to the seaside, combined with a course of iron, with a little arsenic, are generally necessary.

Nurses trained a quarter of a century ago well remember the pitiful and hopeless feeling with which they prepared for the admission of a case of tetanus. They recognized the *risus sardonius* as the death warrant of the patient, and saw, in a vista, the sequence of well-known symptoms, until death from exhaustion ended the patient's sufferings. Now anti-tetanic serum has abolished hopelessness, and offers promise of a cure, as illustrated by a case recently admitted to St. Bartholomew's Hospital, in which—the ordinary method of administering the serum failing to arrest the development of the disease—two large doses were injected, the first into the spinal canal and the second into the spinal cord. Improvement after the second dose was immediate, and after the excision of the fleshy part of the site of the original wound, the patient had an uninterrupted recovery.

## OUR PRIZE COMPETITION.

### GIVE SOME HINTS HOW TO BE POPULAR AS A PRIVATE NURSE?

We have pleasure in awarding the prize this week to Miss Lottie Nunnerley, Registered Nurses' Society, 431, Oxford Street, London, W., for her paper on the above subject.

#### PRIZE PAPER.

The private nurse should go forth to nurse people in their own homes with the firm intention of entering into the lives of each man, woman, or child to whom she is sent, really caring for him or her.

The nurse will find that she is left very much on her own responsibility, and in a great measure it rests with herself as to whether her career as a private nurse is a success or otherwise.

Adaptability to circumstances, cheerfulness, gentleness, sympathy, abundance of tact, and anxiety to give as little trouble as possible are essential points. The habits of order, punctuality, and strict obedience to the doctor's orders, acquired in hospital, are absolutely necessary to good nursing, but drop the "red tape," so unavoidable in institution work, but a cause of so much unhappiness among nurses and private patients, especially where two nurses are working together. For instance, what does it matter which nurse washes the patient as long as he is done at the hour which suits his comfort most? If the work falls a little heavier on one nurse than the other, there is always a way of making up for it between themselves, without it affecting the patient, and it is most necessary that the nurses should agree and be loyal one to the other.

The more valuable will her services be if she is amusing, well read, good at indoor games, and, above all, she should cultivate the art of reading aloud. Naturally some people are much more attractive than others, consequently more generally liked, and often the nurse deemed excellent at her work in hospital is a failure amongst private patients, as she lacks, perhaps, the qualities that appeal to them more; but the woman without natural charm can try to cultivate it, and, with a little perseverance, it is surprising how agreeable a person can become.

Gossiping is to be avoided. Be civil to and thoughtful of all fellow workers. This will result in consideration in return.

Win the whole house. This is the duty of a private nurse, and by so doing the nurse will more easily win and manage her patient. Relations are often trying, but it is often affection

which causes them to be so, but with tact they can be managed, and will generally give in to the opinions and suggestions of the nurse if they see she is doing her very best for the happiness and comfort of the patient.

Never talk of one patient to another; the world is very small, and it may lead to unpleasantness, and anything a patient tells a nurse should not be repeated to others in the house. Don't pour your troubles into a patient's ear; it often bores them; but be ready to listen to theirs, and give your sympathy. Interest them, if well enough, in all that goes on, and take an interest in their work or special talent, or whatever they care about most. Don't laugh at their fads, but try to do things in their way, and use their belongings with care.

#### HONOURABLE MENTION.

The following competitors receive honourable mention: Miss Gladys Tatham, Miss N. Windle Hunter, Miss Edith F. Moakes, Miss A. Pressly, Miss C. Cook, Miss F. A. F. Hayward, Miss N. Smith, Miss M. Power, Miss E. M. Pickard, Miss A. M. Cameron, Miss I. M. Cole, and Miss I. B. Cunningham.

Miss J. M. Stevens writes:—"A nurse going to a private case should remember that she is not going as a guest to an hotel, to order all things to suit her own liking, but as a most unwelcome visitor (in most cases) to a household overwhelmed with trouble and anxiety. She should remember that she is quite the last person in the house to be considered, and endeavour to upset things as little as possible."

Miss N. Windle Hunter remarks that a private nurse "should keep in touch with the news of the world, so that she can converse with her patient on other than nursing questions and ailments."

Miss Gladys Tatham, emphasising the point that a nurse must not *make* work in a household, or require a whole-time servant to attend to her various wants, mentions an experience in her own home, when "not only was the nurse extra trouble, not only did she requisition extra cushions for her chair at meal times, but she wanted the fowl-run moved."

#### QUESTION FOR NEXT WEEK.

What meals should be served in hospital wards daily; how, so that they reach the patient in an appetising form?

The Right Hon. R. C. Munro-Ferguson will ask the Chancellor of the Exchequer on Thursday, 16th inst., why the national organizations of Trained Nurses in England and Ireland have been refused direct representation on the Advisory Committees under the Insurance Act.



## THE FLORENCE NIGHTINGALE MEMORIAL ANNUITIES.

As we announced last week, the Trained Nurses' Annuity Fund will undertake the administration of the annuities to nurses of the Florence Nightingale Memorial, a very suitable arrangement, as a multiplicity of such charities only leads to useless expenditure. About £4,000 is available for the purpose. Dr. Ogier Ward, the hon. secretary, asks us to give prominence to the following announcement:—

The Trained Nurses' Annuity Fund invite applications from *disabled* trained nurses for these annuities, the allotment of which has been entrusted to this Fund.

It is expected that there will be five annuities, each of 10s. a week.

All suitable applicants, whether successful or not, will be recorded, and, if they are eligible, they will be considered when a vacancy occurs amongst the ordinary annuities of the Fund.

For forms and regulations apply *by letter only* to the Hon. Sec., Trained Nurses' Annuity Fund, 73, Cheapside, E.C.

## THE COLOGNE CONGRESS.

As several Irish nurses are anxious concerning arrangements for attending the International Nursing Congress at Cologne, Miss Carson Rae, 34, St. Stephen's Green, Dublin, has kindly consented to make arrangements for a party of nurses to go from Ireland to Cologne, if those wishing to attend will send in their names to her at once. Vouchers will be sent to Miss Carson Rae after 1st June, so that she can intimate to Sister Agnes Karl the names of the party, as no doubt all will wish to be included in the social functions. Will Irish nurses realise that, if comfortable arrangements are to be made for them, it is quite necessary that they should be made as soon as possible.

## THE PANAMA EXHIBITION.

The American Commission, appointed by the President of the United States to support his request to European Governments to participate in the Panama Exhibition at San Francisco in 1915, is now in Europe, and was last week received by the King at Buckingham Palace.

In this connection it is interesting to note that an invitation is to be offered, from our American colleagues at the meeting of the International Council of Nurses at Cologne, to

hold its next meeting at San Francisco in 1915, and we have no doubt that it will be accepted. The Panama Canal is to be formally opened by the President of the United States on January 1st, 1915. The exhibition celebrating the event will be opened on February 20th of that year, and close on December 4th. It will be held on a site stretching for more than two miles along San Francisco Bay. The buildings and grounds will represent an expenditure of £10,000,000. In the heart of San Francisco an auditorium will be erected, costing £200,000, where international congresses will be held. The International Nurses' Congress will not be the least interesting of the series.

## THE SCHOOL NURSES' LEAGUE.

The School Nurses' League recently held a very successful Fancy Dress Dance, when quite a goodly number of charming and tasteful costumes were worn, some showing great care and ingenuity in their make-up. The floor was good, the music provided by Mr. Philimore's Quartette Party was excellent. The march past was a very bright and picturesque procession.

Miss Pearse, Mrs. Layton and Mr. Court acted as judges in awarding the prizes. The largest group of characters included dresses of many nations. The prizewinner, Miss Scragg, was a typical Indian Lady, and well merited first place. A Swedish Peasant and a Colleen Bawn were exceedingly good. There were also Spanish, Swiss, Italian, French, Dutch, Grecian, Canadian and other costumes worn, typical of the countries. Miss Mayman easily carried off first prize in the Early Victorian Group as Buntie. She looked very dainty, and as if accustomed all her days to a crinoline.

The Historical Group included a Norman Lady, Miss Wood, who took the prize; a very coquettish Nell Gwyn, and a sweet Grace Darling, wearing a real life-belt at her side.

The Original Group was led by Mrs. Sandford, who was awarded the prize for her costume as the L.C.C., well carried out, showing all branches and departments, while each and every part was tightly bound with red tape!

Miss Cazalet as a Paper Lamp Shade also was awarded a prize in this group, which besides included Kate Greenaway, a Shepherdess, a Puritan, a Gipsy, Carnival, Night, Folly, a dainty Tea-shop Girl, and others.

The judges were not given a difficult task when it came to the men's prizes, as only two had had the courage to appear in costume. Each was awarded a prize; Mr. Penn as a Japanese, and Mr. Robbins as a cricketer. The evening ended up very happily at 11.30 with the singing of the National Anthem.

A. G. L.

## THE RESIGNATION OF MISS GERTRUDE ROGERS.

The resignation of Miss Gertrude A. Rogers, of the post of Lady Superintendent of the Leicester Infirmary, which she has held since 1883, has been received with great regret, not only by the Board of the Institution, but by the Medical and Nursing Staff generally. Miss Rogers began her professional career in 1875, and has spent thirty-three years of her life in the service of the Leicester Infirmary—twenty-nine in the responsible post of Lady Superintendent.

At their meeting on Wednesday, the 8th inst., the following resolution was passed by the Board, and steps are being taken to mark in a tangible manner the Board's appreciation of Miss Rogers' devotion to the Institution she has so long faithfully served:

"That this Committee receives with deep regret the letter from Miss Gertrude A. Rogers, the Lady Superintendent, announcing her wish to resign her office, after thirty-three years' service, twenty-nine of which have been passed as Lady Superintendent to the Institution. The Committee accept the resignation with reluctance, as it was their wish to make such an arrangement as would enable Miss Rogers to continue her devoted service for a few more years. As, however, Miss Rogers feels that the duties become more onerous with the advance of time, the Committee have agreed to accede to her request; and, in so doing, desire to place on record their sincere appreciation of the sound judgment, great ability, and unfailing courtesy which have always characterised her work; also their indebtedness for the fidelity and zeal with which she has administered the affairs of the Institution during this long period.

"Especially the Committee acknowledge Miss Rogers' great work in the development of the Training School for Nurses, in connection with the Infirmary. They realize that it is in a large measure due to her ability and personality that Leicester has become a prominent training school, and has built up for itself a high reputation in the hospital world.

"The Committee hope that, in the rest and retirement which come to Miss Rogers after a life so unselfishly devoted to her profession, she will have long years of health and happiness, and that memories of her life's work and the numerous friendships which have been formed in the training of her students, many of whom hold responsible positions in the nursing world, will be sources of constant joy and gratification to her.

"The Committee rejoice in the knowledge that not only is Miss Rogers respected, and her personality and charm of character a constant inspiration to her past and present students, but that her name and memory will be permanently associated with the future of the Institution by the Ward dedicated to her."

For more than a quarter of a century Miss Gertrude Rogers has stood, for those whom she has trained, as the personification of all that a Matron

should be—ideal nurse, able administrator, educationalist, teacher, and a great influence for good; setting ever before her pupils, by precept and practice, the highest standards of personal and professional ethics, so that the training school of the Leicester Infirmary, with its up-to-date Nurses' Home, and preliminary training facilities, without doubt ranks as a leading nurse-training school in the provinces.

Amongst her colleagues in the nursing world, Miss Rogers is also held in respect for her many talents and public spirit; and in affection for her charm of character. The loss to the Leicester Infirmary will be incalculable, but the nursing world at large cannot fail to be the gainer, for we feel sure that, after a rest, which everyone will realise is essential at the close of thirty-seven years' arduous nursing, Miss Rogers will continue to take part in the wider work for the nursing profession, in which she has always taken so deep an interest. When the Nurses' Registration Bill is passed into law, her expert services would be invaluable in the organisation of nursing, in connection with the Register of Trained Nurses, which will then be undertaken by the State.

It will be a difficult task to succeed Miss Rogers, and as the post is regarded as one of the plums in the nursing profession, there will doubtless be many first-class applicants. The requisite qualifications of candidates will be found in our advertisement columns, and we have no doubt that the Committee will desire to appoint a lady, as Miss Rogers' successor, who will carry on the high traditions for which the Nursing School has been famous under her guidance.

## APPOINTMENTS.

### MATRON.

**District Hospital, Yeovil.**—Miss Gertrude Pickman has been appointed Matron. She was trained at St. Bartholomew's Hospital, and has been Sister at the Royal Hospital for Sick Children, Edinburgh, at the East London Hospital, Shadwell (holiday duty), and at the General Hospital, Birmingham; Night Sister at the Brompton Hospital for Consumption, and Matron of the Victoria Hospital, Romford.

**Isolation Hospital, Crewe.**—Miss C. Page has been appointed Matron. She was trained at the Union Infirmary, Leeds, and has been Staff Nurse at the Kendal Hospital, Head Nurse at the City Fever Hospital, Bradford, Nurse-Matron at the Fever Hospital, Morecambe, Superintendent Nurse at the Wolstanton and Burslem Union Infirmary, Stoke-on-Trent, and Matron of the Borough Sanatorium, Bridlington.

### NURSE-MATRON.

**The Infectious Hospital, Maidstone.**—Miss Florence E. Widdall has been appointed Nurse-Matron. She was trained at St. George's Infirmary, Fulham Road, S.W., and has held the positions of Deputy-Matron and Night Superintendent at the Nottingham City Fever Hospital, and Matron of the Isolation Hospital, Rothwell, Leeds.



**SISTER HOUSEKEEPER.**

**Royal Sussex County Hospital, Brighton.**—Miss Catherine Wilson has been appointed Sister Housekeeper. She was trained at the Royal Infirmary, Edinburgh, and has held the post of Night Superintendent at the Hampstead General Hospital, and other appointments. She was attached for some time to the Housekeeping Department at Guy's Hospital.

**SISTER.**

**Charing Cross Hospital, W.C.**—Miss Emily Robotham has been appointed Sister to Golding Ward (women's medical and gynaecological). She was trained for four years at Charing Cross Hospital and for four years was Sister on a medical floor. For two years she has had experience of private nursing in connection with Galen House, Guildford.

Miss Florence Jacon has been appointed Theatre Sister. She was trained at Charing Cross Hospital and was for two years Sister in Women's and Children's Surgical Wards at the General Hospital, Chelmsford, and has been Night Sister at the General Hospital, Chesterfield. She is also a certified midwife.

Miss Marjory Willis has been appointed Sister in the Electrical and X-Ray Departments. She was trained at the Bolton Infirmary, and has done three months' holiday duty as Staff Nurse at Charing Cross Hospital. She has also held the positions of Sister of the Electrical and X-Ray Departments, and of Night Sister at the Bolton Infirmary.

Miss Lilian Crosbie has been appointed Out-patient Sister. She was trained for four years at Charing Cross Hospital and has taken Out-patients' and Casualty Sisters' holiday duty.

**NIGHT SISTER.**

**Bucknall Infectious Diseases Hospital.**—Miss Lizzie Lawton has been appointed Night Sister. She was trained at Lewisham Infirmary three years, and Park Fever Hospital two years; has held the position of sister at the North Eastern Hospital, Tottenham, and has done private nursing.

**QUEEN VICTORIA'S JUBILEE INSTITUTE.  
SUPERINTENDENT.**

Miss Annie Milne is appointed Superintendent at Gateshead. She received her general training at the Royal Infirmary, Hull; and her district training under the Hull Association. She has since held the following appointments: Queen's Nurse, at Hull; Senior Nurse, at Gateshead; Assistant Supt., at Manchester (Bradford Home); and Assistant Supt., at Gateshead.

*Transfers and Appointments.*—Miss Mary E. Bennett is appointed to Beccles, as Senior; Miss Hilda Burrows, to Birmingham (S. H. Road), as Senior; Miss Matilda Bull, to Paddington; Miss Ellen Cook, to Hatch Beauchamp; Miss Evelyn Furminger, to Aylesbury; Miss Mary E. Simon, to Headington; Miss Florence Sutcliffe, to Williton.

**NURSING ECHOES.**

The Report of the Council of Queen Victoria's Jubilee Institute for Nurses to Her Majesty Queen Alexandra states that the year has been an important one, both from the point of view of district nursing as a whole and of the Queen's Institute in particular. The work of the Queen's Institute may be classed under three headings—organization, inspection, and the training of nurses in district work. The organization and inspection have been carried out so as to be available for all places that desire to make use of them. Training has only been undertaken in recent years for those places where the small number of nurses render them unable to train their own. In 1909 and 1910 the Queen's Nurses in the United Kingdom trained by the Institute amounted to 337, while those trained by affiliated Associations for their own use were 161. The Council found its resources altogether insufficient to enable it permanently to carry on the whole of the work that it had been doing, and decided that the expense of training Queen's Nurses for Associations who could not train for themselves must fall in future upon the Associations requiring the nurses.

During the year the principle of combining the work of health visitor with that of Queen's Nurse has made further progress. An increasing number of Queen's Nurses have voluntarily entered for the examination of the Royal Sanitary Institute and qualified as health visitors. The demand for Queen's Nurses with the midwifery certificate to work in single posts has also been accentuated. Up to 1911 the entire cost of training has fallen upon the Institute, but during the last year grants have been obtained from County Councils out of the monies available for training midwives to be used for this purpose. They could not be put to a better use.

The Council also reports that the growth of the work of the Queen's Institute has brought to light "the possibility of there being a limit to the number of nurses, with full hospital training, who are available as candidates for training as Queen's Nurses." The question is, we believe, an economic one. Nurses with certificates of three years' training from good hospitals can command higher remuneration in many directions than that offered to Queen's Nurses, and the limit is set to the supply by the number of nurses who, from altruistic motives, are willing to sacrifice pecuniary advantage, rather than by that of those available.



Nurses who are anxious to see the work of the sculptor, Mr. Arthur G. Walker, who has been entrusted to execute the bronze statue of Miss Florence Nightingale, will find two specimens of it in the Lecture Room at the Royal Academy. No. 1831 is a bust in marble of Miss Dorothea Short. It is exquisite in pose and expression, and quite charmingly refined. The second, No. 1946—a bust of H. Havelock Ellis—is in bronze. The reproductions in print of the rough plaster cast of the Nightingale statue do not please us at all. We think it a great mistake to present the figure in the hideous style of garment worn at the period, and nothing could have been less characteristic of this practical woman than to waste the use of a hand in holding up her dress! The cast does not present the fine dignity of Miss Nightingale's carriage, and the drooping head in the model is too large for the insignificant body. We hope very much that it is not too late to alter these defects, so that we may have a more classical statue of Miss Nightingale. The artist, to judge from his work at the Academy, could produce just the pure and beautiful statue we should all love to see. We hope, at any rate, he will divest the figure of the inelegant bunch of drapery gathered into the left hand—as the full gathered skirts of the time were cut round and without trains, and we feel sure no one would condemn more strongly than Miss Nightingale the unscientific trained skirt in connection with nursing, which must sweep the ground or necessitate the loss of a skilled hand.

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We do not know if the model selected has been submitted to the Committee of the Nightingale Fund, composed largely of matrons, or not. To us it is stamped all over—unpractical and unimaginative man.

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There has just been formally opened, at the Holborn Union Infirmary, Archway Road, Highgate, the extension of the quarters for the nursing staff, which now numbers sixty-one. This additional accommodation was much needed. Bedrooms, sitting-rooms, bath-rooms, and a library are included in the scheme just completed, and cannot fail to be greatly appreciated by the nursing staff—and conduce to their good health and happiness.

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The Organizing Committee are greatly to be congratulated on the success of the bazaar, in aid of the West London Hospital, Hammer-smith, held at the Chiswick Town Hall on

Thursday and Friday last week. Her Majesty the Queen showed a practical interest in the bazaar by sending a number of handsome Indian articles which furnished one of the stalls and were quickly bought up, and Queen Amélie of Portugal ensured the success of the first day by coming to open the bazaar. The Hall looked very festive as it was approached from Turnham Green with flags flying, a guard of honour formed by the local fire brigade and the Boy Scouts in attendance, while inside, the stand in the centre filled with lovely flowers and plants, and the stalls decorated with laburnum formed an effective setting for the many pretty and useful things with which they were laden. The refreshments, in charge of Lady Cunliffe, Mrs. Shuter, and others, were in immense demand, and the variety entertainments, for which talent of a high order had been secured, proved a great attraction. The Committee hope to hand over about £700 to the hospital authorities as the result of the two days' sales, on which everyone concerned is to be congratulated.

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A stained glass window has been gifted to the new chapel of the Royal Infirmary, Glasgow, by past and present nurses. The subject is appropriately based on the text "Inasmuch as ye have done it unto the least of these ye have done it unto Me." A man stretched on a bed of sickness is ministered to by two nurses, one of whom kneels by the bedside. Mr. Macdougall, the artist, who has had long experience of the art of glass staining, has succeeded in admirably conveying a suggestion of old cathedral glass, and the colour scheme is singularly effective, a particularly agreeable note being struck by the rich green gown of the kneeling nurse. The entire conception is rendered with artistic refinement. The window is one of four to be erected in the chapel.

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Miss Huxley, of Dublin—for so many years Lady Superintendent of Sir Patrick Dun's Hospital, whose great services to nursing in Ireland are universally recognised with admiration—has been appointed the first woman governor of Sir Patrick Dun's Hospital. We congratulate her upon the honour, and the committee upon its wisdom in securing the help in the administration of the institution of so able an expert. The marvel is that men, as a rule, do not realise the value of the co-operation of women in public work, and thus fail to secure for the community the best all-round administration.

## THE HARPENDEN SANATORIUM.



SISTER EMMA GOODIN.

"But the children began to be sorely weary, and they cried unto Him that loveth pilgrims to make the way more comfortable."

—*Pilgrim's Progress.*

Nothing is sadder than the waste of child life from preventable causes, foremost amongst which must be placed tuberculosis, and any agency which is striving to combat this disease in children on

sound and successful lines deserves well of the public.

Such an institution is the Harpenden Sanatorium in connection with the National Children's Home and Orphanage, at Harpenden, Herts.

The Sanatorium is the natural development of the work of the Home which was established more than forty years ago, while the Sanatorium has only recently issued its first report.

As the work grew and records became available for statistical purposes, it was found that three-fourths of the children who had died in the Home had died from consumption, and that within a few years of leaving it others had died from the same cause. It was, indeed, inevitable that tuberculosis should be rife in a community of children coming from crowded and insanitary homes, who had suffered privation in their early years, and most of whom had a bad physical inheritance; but it was necessary, in the interests of the healthy children as well as of delicate ones with a predisposition to contract infection, that these sufferers from tuberculosis should be removed

to some place where they could have the special care and treatment their condition required.

The Committee of the Home therefore decided to undertake further responsibilities and to build a Sanatorium for the reception of these cases at Harpenden, and this House, dedicated "to the glory of God and the service of sick children," was opened on June 8th, 1910. The patients were drawn for the most part from other branches of the Home, and a few were received through the Invalid Children's Aid Association. The children do not lose the benefit of regular teaching, as those well enough to do so attend the school superintended by Miss Harger, a certificated teacher who has made a special study of open-air teaching. The Sister-in-Charge is Sister Emma Goodin, whose portrait appears on this page, and who for 25 years has worked amongst the children of the Home with the greatest devotion. Sister Helen Suart has

charge of the Girls' Wing and Sister Dora Tydeman of the Boys' Wing.

Through the good offices of Dr. Kelynack, medical adviser to the Home, we are able to publish also the accompanying picture showing the exterior,



THE HARPENDEN SANATORIUM.

with the verandah, and our readers will agree that it is a very charming one.

In his report of the first year's work of the Sanatorium, Dr. Kelynack states that chief reliance has been placed on continuous exposure to fresh air, unrestricted access to sunlight, an abundant supply of carefully selected and well-cooked food, regulated rest, graduated play and exercise, carefully chosen and controlled work for such as are fit, scrupulous obedience to all necessary hygienic procedures, and constant, skilled supervision. Drugs and other agencies are employed as required, and the well-equipped baths are of the greatest importance and value.

As a rule, children on admission are kept in bed for the first few days and carefully watched. Then, if after examination they are found in a fit condition, they are allowed up at first in lounge chairs on the terrace, and gradually, as health improves, play, exercises, and school duties are engaged in.

Special attention is paid to the care of the mouths and teeth of the children. On admission in many cases the dental condition is far from satisfactory. Each child is provided with a tooth-brush, and its proper and diligent use is insisted upon.

In regard to the sanitary precautions, Dr. Kelynack points out that a properly conducted sanatorium is one of the healthiest of places. Every effort is taken to ensure the strictest hygienic care in the case of every patient. If there is any expectoration it is collected, disinfected and burnt, so that there is no possibility of risk of infection from this source. All infective material is at once destroyed. As far as possible fresh clothing is provided for new patients, so that the risk of any infection being introduced with the wearing apparel is reduced to a minimum.

As to results, considering the severity, extent, and long duration of the disease in a considerable proportion of the cases, Dr. Kelynack reports that the results must be considered not only very satisfactory, but in many instances little less than remarkable, and no death has occurred during the year.

In conclusion, he states that a word of recognition and praise must be given for the loyal and skilful work of Sister Emma Goodin and her staff of Sisters and co-workers. The success of a sanatorium depends upon its staff; sanatorium treatment without the sanatorium spirit exemplified in the life and practice of its workers, is a mockery and must fail. The splendid results attained at Harpenden are mainly due to the ceaseless energy and indefatigable industry of those who have thought, planned, and laboured.

#### SOCIETY FOR STATE REGISTRATION OF NURSES.

The Annual Meeting will be held on June 7th at the Medical Society's Rooms, Chandos Street, W. Mrs. Walter Spencer kindly invites the members to tea at 2, Portland Place, after the meeting.

Dr. L. Frazer-Nash has kindly consented to give a lecture on "Hæmorrhage," to the members of the Trained Maternity Nurses' Association, at their offices, 33, Strand, W.C., on Tuesday, May 28th, at 4 p.m.

## THE NURSING CONFERENCE.

(Concluded from page 377.)

FRIDAY, APRIL 26th.

### SESSION I.

Space forbids us to do more than refer briefly to the papers and addresses on the afternoon of Friday, April 26th, when Dr. Jane Walker occupied the chair.

#### MODERN METHODS OF TREATMENT IN TUBERCULOSIS

were interestingly dealt with by Dr. Esther Carling, Maitland Sanatorium, Peppard.

#### THE WORK OF THE MODERN NURSE AND MIDWIFE IN EUGENICS.

Dr. C. W. Saleeby, F.R.S. (Edin.) gave a most inspiring address on the subject of Eugenics, which he said was derived from a Greek word signifying well-bred. In the application of eugenics to the human race there are, he said, many formidable and unique difficulties, for man cannot be dealt with as if he had no freewill. In certain directions the eugenic ideal can be attained negatively rather than positively, and is based partly on heredity, or nature, and partly on nurture.

Many stages have to be passed through before the individual reaches full development, and environment is proportionately important. To improve social conditions it is necessary to go back not only to the infant, but to the expectant mother.

Dr. Saleeby advocated the establishment of a Listerian Order for doctors and nurses, who perpetuate the principles of Lord Lister. He urged the necessity of taking care of the birth-rate we have got. We should see in every mother the Madonna, and in every child the incarnation of the Divine.

In reply to a question, Dr. Saleeby emphasised the wisdom of Sir James Paget's advice, "keep every thing alive."

#### THE INSURANCE BILL AS IT AFFECTS NURSES.

A medical man, lecturer for the National Insurance Commissioners, whose name the Chairman declined to give to a representative of this journal, saying that he did not wish it to be known, spoke on the National Insurance Act, but did not throw much additional light on the subject. In regard to the position of nurses and midwives, he said that these questions were still under the consideration of the Commissioners. The details remain to be settled, as conditions vary so much under different circumstances. The Commissioners would, he said, be glad to receive representations. (As, however, the organisations of nurses have been denied the representation on the Advisory Committees granted to other classes of workers, there seems no reason for individuals to go out of their way to furnish this information.)



The position of the certified midwife is that she is her own mistress, only bound by the rules of the Central Midwives' Board. She will not be compulsorily insured. A person employed under regulations (under the supervision of doctors) which may be of the nature of an agency, and who is subject to dismissal is probably employed.

The lecturer raised the question as to whether the work of nurses and midwives is "manual labour." He suggested that as skill enters largely into their work it cannot be so regarded.

Mrs. Bedford Fenwick enquired on whom the burden fell of paying the maternity benefit in the case of women with illegitimate children. Did the whole of this benefit come out of the women's funds? The lecturer admitted that it did. (Shame.) Mrs. Fenwick hoped that the meeting would take note of it.

Mrs. Fenwick also asked why the trained nurses of this country are the only class of women excluded from direct representation on the Advisory Committees, but received no satisfactory reply.

#### PSYCHOLOGY.

A paper on Psychology, what it is, and what it is not, was read for Mr. Stanley-Bligh by Mme. de Stael. Mr. Bligh defined psychology as "the science concerned with the human mind." A knowledge of psychology gives power, and with power you get responsibility.

#### SESSION II.

The most interesting Session of the Conference, and the most important, was the last, which included the subjects of State Registration of Trained Nurses and Woman Suffrage, dealt with by Miss Beatrice Kent, and Miss M. O. Haydon, Sister at the General Lying-in Hospital. The chair was taken by Miss E. S. Haldane, LL.D., who in outlining the programme of the evening, said no profession is satisfactory which limits itself directly to its own sphere. It should concern itself also with the topics of the day. The evening's programme was of an educational character. All nurses had technical education, but their education also went on throughout life—that which helped them to make the best of their lives and to do their work most thoroughly.

#### STATE REGISTRATION OF NURSES.

Miss Kent opened her paper by stating the objects to be attained by State Registration of Nurses: (1) A clear definition of the much-abused term Nurse, at present applied without any differentiation to the masquerader who pushes a perambulator, and to any woman trained and untrained who undertakes the responsibilities and duties of nursing the sick—it should be significant of a profession; (2) To afford a guarantee to the community of the professional skill of the nurses they employ; (3) To afford intelligent assistance to the medical profession; (4) To protect trained nurses from the unfair competition of untrained women. Miss Kent affirmed that nothing is good enough for the sick in nursing but the very

best, for the rich and poor alike. The only definition one can give of a nurse to-day is a woman in a bonnet and cloak. She referred to the many branches of social service in which nurses are now employed, and said that it was an anomalous position for the State to make use of trained nursing and yet to delay so long to give nurses legal status. The justice of this claim was supported by important medical and nursing organisations as well as by a Select Committee of the House of Commons. It only remained for the Government to give facilities for passing the measure into law.

Miss Kent reminded the audience that the movement had been initiated by Mrs. Bedford Fenwick twenty-five years ago. The main clause of Magna Charta which is said to be the basis of all subsequent legislation is this: "To none will we deny, to none will we delay, to none will we sell the right of justice." If this maxim were made the first and sacred law of our Parliament, needful reforms would be on the Statute Book very much sooner.

The Chairman at the conclusion of Miss Kent's paper said she was informed it was impossible to find anyone to present a paper against State Registration. She asked if any of those in the audience wished to put forward any arguments, and appealed to them to do so. No one responded until at last Miss Amy Hughes asked if she would be in order in mentioning objections which she did not at all believe in, but which she knew were put forward. They were the stock objections that it is impossible to register character, that women whose names were on the Register would be considered perfect, and that in the event of moral difficulties arising names could not be removed.

Another objection, voiced but not believed in, was that the hospital certificate should be sufficient without anything else.

Mrs. Bedford Fenwick said that hitherto the members of men's professions had almost exclusively been registered by the State. Medical women, with men, had been granted this privilege, also the midwives, and she was glad to know that women teachers were to have their registration council. The basis of the demand of nurses is that as a class, and an exceedingly useful class, they work for every member of the community. They are concerned with its members before the birth of the child, at the birth, during sickness, and at death. Nurses have established the precedent that they are willing to give three to four years of arduous work, including physical, mental, and moral energy to fit themselves for the care of the sick. She pointed out that it is due to trained and devoted Matrons a quarter of a century ago that this standard has been established, and that their work is now of such value that there is hardly a Government Department where their services are not employed and most patriotically given.

Mrs. Fenwick then reviewed the registration movement, touching on the tremendous struggle which had taken place during the last quarter of a century for just educational and economic

conditions for trained nurses, and said that through the Central Registration Committee with Lord Ampthill as its chairman, English, Scottish and Irish nurses' organisations in conjunction with the British Medical Association, have now agreed upon one Bill and that if time were given by Parliament, the second reading of this Bill would go through like a bird. She referred to the lack of opposition in the meeting as indicating the general feeling throughout the nursing profession in favour of professional organization by the State, and attributed the fact that nurses had not been able to secure professional status sooner to their lack of direct political influence.

Another important factor in the opposition to just economic conditions for trained nurses was their difficult and dependent earning capacity. No class of women workers were more exploited than trained nurses by financiers and philanthropic employers. She regarded it as immoral for institutions to take half of the earnings of a working woman even for a charitable purpose.

Trained nurses themselves forming part of the State have the right to demand that they shall be justly treated by the State as a whole, that by Act of Parliament their training schools shall be compelled to provide efficient education, and that when they have given evidence to an independent central authority of their skill and character their names and qualifications shall be registered and their skilled work protected.

#### SOME LEGAL POINTS FOR NURSES.

Mr. A. M. Brice, barrister-at-law, then spoke on the above question. His interesting address was dealt with at some length in our issue of May 4th.

#### WOMAN SUFFRAGE.

The paper which was undoubtedly the most brilliant one of the Conference, was that by Miss M. O. Haydon on Woman Suffrage, which claimed that since the first Bill for extending the franchise to women was introduced into Parliament in 1870, little resulted save majorities in the House of Commons for the second reading, subsequent burying of the measure, and a gradually widening circle of its advocates who were perhaps too timid and anxious, too fearful of haste and rapid evolution, too conservative and over conscious of common prejudices. Meanwhile, various forces were fostering the growth of the woman question, and a group of women weary of the shackles of tutelage, weary of promises of freedom, weary of being nursed and soothed, saw that if this question was to become one of practical politics the public conscience must be aroused, the people must know of the claim of women for citizenship and representation, the woman's point of view must be declared by women; shaking themselves free from tradition, prejudice, and timidity, women must impose upon the individual, the State, the nation, the world, the duty of considering this—to them—the greatest reform of society and government—the granting of the

vote to women—the symbol of liberty, freedom, and citizenship.

I do not, said Miss Haydon, propose to touch upon the pros and cons of the militant and constitutional methods of securing women's franchise, but rather to put before you the reasons which inspire both in this struggle; but there is only one opinion possible as to what transformed this academic question into one of everyday interest, that brought it into the region of practical politics and that is the courageous, independent, enthusiastic,—fanatical, if you will—agitation of the last few years.

Miss Haydon contended that the demand for the vote is a natural outcome of the awakening of women; education has brought them a wider outlook, greater knowledge of the world, a sense of their own powers. Those in the labour market, and there are over three million of these in Great Britain, see the gradually increasing tendency of the State to regulate industrial conditions, see that the women's point of view is often ignored, or through ignorance treated with scant justice by men, see that women's labour is underpaid, in certain instances disgracefully underpaid, and that the State has power to legislate for women-workers as it would for children or slaves.

The speaker pointed out the many urgent reasons for which women need the vote: as trained nurses, that we may express ourselves on State Registration and on questions affecting the health of the community; as working women that we may do our part in the claim for a living wage—a minimum wage; as social workers to wipe out the white slave traffic, to protect young girls, to relieve the single mother of the double burden of the illegitimate child, to save those women who from awful necessity are driven to earn their living in what has been termed the best paid profession of women—prostitution, to amend the marriage and divorce laws, to alleviate some of the ills arising out of economic dependence; such are some of the questions that need women's brave tackling.

Miss Haydon concluded by saying that women want the vote because in Government the interests of women demand the special gifts of women; because they feel the disabilities of non-representation; because given this weapon they would make life for their fellows less tragic, hard and uneven.

After this the paper by Miss Blomfield, of the National League for Opposing Women's Suffrage, read by Mrs. Moberly Bell, which took the form of a hypothetical conversation between a nurse and the husband of one of her patients, came as an anti-climax.

The conversation opened by the husband enquiring of the nurse: "Don't you wish you were a man?" To which the nurse replied in the negative and the conversation proceeded on a plane of the same level. The audience bore it with what patience they might. When, however, the reader of the paper asked her audience to remember that a man, Charles Dickens, founded



the nursing profession, the name of Florence Nightingale was indignantly hurled at her from all parts of the hall. It was wisdom perhaps which inspired Mrs. Moberly Bell to leave the hall without waiting for any discussion.

Commenting on the suggestion in the paper that mixed committees of men and women are undesirable, a member of the audience said that her experience went to prove the direct contrary.

Mrs. Bedford Fenwick said she claimed the vote as a human being; and she need not hesitate to remind a professional audience how all important was political power for women—so that they might keep their bodies clean, and protect their physical and moral health, and that of their children.

The spirit which animated the audience was excellent. It was evidently fully alive to the value of the all-conquering vote. With hearty votes of thanks the Conference was closed.

### THE NURSES' SOCIAL UNION HEALTH CONFERENCE.

The arrangements for the week, which is to be devoted to Health Work in Bristol, are well advanced. We should like to draw particular notice to the series of lectures that have been arranged, and which should prove of interest to all. On Thursday, June 6th, Mr. Stephen Paget will give a lecture in the evening, illustrated by cinematograph films. Under the title, "Natural History—Visible and Invisible," Mr. Paget will take his audience through the evolution of plant and animal life, and actually show them bacteria in motion. Miss Amy Hughes, the President of the Union, will preside in the afternoon, and give a short address. On June 7th—the first day on which the Exhibition is open to the public—Dr. Squire, the well-known authority on Tuberculosis, lectures in the afternoon; and Dr. Savage takes as his subject the wide one of "The Health of the Community." Saturday's programme includes a lecture on "The Deleterious Effects of Chronic Constipation," by Mr. Arbutnot Lane; and an evening one on the "Care of the Teeth," by Professor Underwood. Monday, June 10th, is specially arranged for mothers, and there will be an afternoon lecture on "Why Babies Die," by Mrs. Barnes, the central Sec. of the N.S.U.; and an evening one by Dr. Florence Willey, on "Mothers and Babies." On June 11th, the "Mind of a Baby" will be dealt with by Professor Lloyd Morgan; and is a theme which will furnish food for thought to the psychologist; while in the evening, there will be a popular lecture, illustrated by the cinematograph, on such topics as "Flies," "Stagnant Water," &c., by Dr. Mary Morris. On the closing day, there will be a lecture in the afternoon on "Physical Education," with living illustrations by Miss Theodora Johnson, Principal of the Clifton Swedish Institute; and another in the evening on "The Life of the School Child," by Miss

Townsend, a member of the Bristol Education Committee.

Members of the N.S.U. are to be admitted without charge to the Exhibition, on the production of a ticket. No time should be lost in their applying for this, and for the railway voucher, to their Branch organisers; and if any, who cannot return home the same night, will at once mention it to the Branch organiser, an effort will be made to provide hospitality. All others wanting reduced railway fares should communicate at once with the Conference Secretaries, at either Carlton Chambers, Bristol; or 2, Arlington Villas, Clifton, Bristol. Season tickets for the entire Conference can be obtained for the sum of 3s.

### WHAT NURSES SHOULD KNOW.

#### THE "ELINOR TEMPLE" MATERNITÉ CORSET.

It is always a difficulty to obtain a Maternity Corset, which is an efficient support, as well as comfortable and hygienic; and many private nurses will be glad to be able to tell their patients of the "Elinor Temple" Patent Maternité Corset, which is scientifically cut and designed by a lady with the professional knowledge which enables her to mould it to the needs of the figure. Further, it is beautifully light and soft, and attractive in appearance.

Specially commendable is the insertion of elastic at the sides, both back and front, permitting breathing with ease; and the carrying arrangement for use in the later months of pregnancy.

Those who have had practical experience of this corset, speak enthusiastically of its comfort; and we advise nurses to write to the sole agents, Messrs. Marshall & Snelgrove, Oxford Street, W., for full information in regard to it, if they cannot personally inspect it. It is supplied in coutille, from 31s. 6d.; and in broché, from 73s. 6d.

#### THE BUSINESS NURSE.

The art of making nurses' uniforms which will be trim and neat, fit well, and wear well, is by no means an easy one, but when the makers are themselves trained nurses, who know by personal experience just what is required, excellent results should be achieved. We have pleasure therefore in drawing attention to the work undertaken by Mme. Robsart & Co. (a company of trained nurses), of 30, Perham Road, West Kensington,—a postal address only—and of 1, Oriel Street, Swindon, Wilts, who supply uniforms, made from materials first tested in the laundry, at moderate prices. A detailed list of these and of the various articles supplied, will be found in our advertisement columns. A member of the firm, an experienced nurse, has been known to us for many years past. Mme. Robsart's uniforms will be on view at the Exhibition at Bristol organised by the Nurses' Social Union, next month.



## LEGAL MATTERS.

## A NURSE'S DEATH.

A sad case was heard in the Goole County Court last week, before Deputy-Judge Alexander, when Mrs. Hannah Suddaby, of Caistor, sued the Goole Joint Hospital Board for £150 compensation under the Workmen's Compensation Act for the loss of her daughter, who died as the result of contracting enteric fever at the Board's Hospital in December.

The Matron, Miss Wright, stated that over thirty cases of enteric fever were treated in the hospital last autumn. Her own sister, who was a nurse there, contracted it, and was, by the doctor's permission, nursed in the residential block, and was in contact with other nurses. She had a relapse on December 1st. Seven days later Nurse Suddaby became ill and was removed to the hospital.

Under cross-examination, the witness admitted that during convalescence her sister had meals with herself and the nurses, and that one of the nurses wrote to the Joint Hospital Board and an inquiry was held.

On behalf of the Board, it was urged that the nurse's death was not due to accident within the meaning of the Act. This view was taken by the Judge, who gave a verdict in favour of the Hospital Board, but considered it should not apply for costs.

We consider it quite inexcusable to allow a patient convalescing from enteric to take her meals with the nurses; nor should any infectious case of this nature be nursed in a residential home when other nurses are likely to come in contact with infection.

## ASSAULT ON A PATIENT.

At the Wakefield City Court last week Miss Mary B. Wakefield, recently employed as a night nurse at the Wakefield Asylum, was convicted of assaulting a patient, and fined £2 and £2 2s. 6d. costs.

It was stated in evidence, that on New Year's Eve, a patient, who was dying, had three relatives with her during the night. About five o'clock in the morning, Eliza Withers, the patient on whom the assault was committed, got out of her bed, and under that of the dying patient. When the nurse's attention was directed to this, she pulled Withers by her hair, and put her back to bed. Subsequently, she again became restless, and got under her own bed. The nurse then put her back to bed, and severely smacked her on the face several times. The three visitors reported this to the Medical Superintendent the next morning, who sent for the nurse. She admitted the facts, and was summarily dismissed. At the City Court proceedings, she pleaded not guilty.

As there is no state registration of nurses in force, there is nothing to prevent this nurse from obtaining the care of private patients.

## OUTSIDE THE GATES.

## WOMEN.

A memorial petitioning that the Criminal Law Amendment Bill be immediately adopted as a Government measure has been sent to Mr. Asquith on behalf of the British National Council of the Young Women's Christian Association. Copies of the memorial have also been sent to Mr. Lloyd George, Mr. McKenna, Mr. Bonar Law, Mr. Balfour, and Mr. Ramsay MacDonald.

On May 9th the Union Government, Cape Town, gave special facilities for the discussion in the House of Assembly of the motion of Sir Thomas Smartt, the Leader of the Opposition, declaring that, in view of the state of anxiety of the public mind as to the increasing prevalence of crimes of rape and assault with intent, the Government should consider the appointment of a Commission of Inquiry for the purpose of submitting recommendations for dealing with individual offences and the prevention of such crimes.

General Hertzog, the Minister of Justice, said that the Government had hitherto hesitated to appoint a Commission, as such a course would immediately bring the whole native problem before the country. He, however, quoted statistics to show that assaults were increasing.

General Botha, the Premier, assured the House that the Government would do everything in its power to terminate "this diabolical sort of crime," irrespective of cost. He promised to appoint a thoroughly capable commission to make full investigation. In the meanwhile, it is to be hoped that Lord Gladstone whose misguided leniency towards a Kaffir criminal guilty of criminal assault is blamed for the increase of these appalling crimes—will be given to understand by the white women of South Africa that unless he advocates their protection with all his power, they must take effective means to protect their own honour. A white woman's League for the Protection of Honour should be at once organised. We know of many nurses whose work would be most valuable to United South Africa who will not run the black peril risk—they all go to Canada instead.

The Irish Women's Franchise League have decided to advise all their members to withdraw from the United Irish League as a protest against the Irish vote against the Conciliation Bill.

President Taft of the United States has issued a public appeal to the women of California—where the State primary elections take place this week. This appeal, we are told, is the first of its kind ever made by a President of the U.S.A. Why certainly. Californian women are voters now and count.

## BOOK OF THE WEEK.

## THE ORDER OF RELEASE.\*

Mr. Stacpoole has in this last work of his departed from his usual style, and has given us a delightful and enthralling tale of intrigue, the scene of which is laid at Versailles, and no less interesting persons are introduced than M. de Richelieu, Rousseau, and Mme. du Barry, to say nothing of the royal lover himself.

Richelieu is described as a marvellous figure, quite youthful still, in spite of his seventy-four years, small in stature, yet somehow great. A man with the past of a conqueror, and the present appearance at a distance of a youthful joy.

The interview of His Majesty with M. de Sartines, the Minister of the Police, gives the key to the story.

"How are our dear people?" asked His Majesty, casting some specks of gold sand off a sheet of note paper and folding the sheet.

"Still grumbling, *Sire*."

"And the pamphleteers?"

"Still writing, *Sire*."

"And the philosophers?"

"Still philosophising, your Majesty."

"And the price of corn—for it always seems to me that the price of corn is at the bottom of all our troubles?"

"Still rising, *Sire*."

"Good," said the King.

The word escaped from him almost without his knowing it. It was, all the same, meant, for the King and M. de Sartines had between them an interest in the price of corn. They were, in fact, partners, in that they had bought up all the available grain, and stored it in granaries. They would presently sell it at an enormous profit.

It is to obtain the papers relating to this discreditable alliance that the beautiful Baroness Linden, an emissary from the Court of Vienna, conspires with her lover, Count Armand de Jussac, kinsman to Richelieu, and the exciting events which follow on are consequences of this daring plot.

"The plan which she had formulated against the Minister of Police was of such a nature that she did not dare to discuss it with the man she loved. This strange woman had no scruples in her dealings with the unscrupulous, no mercy in her dealings with the merciless, no pity for the pitiless. Yet for the poor she was all charity, and for those who loved her and whom she loved her fidelity was deathless."

Jussac's attempt to gain possession of these papers ends for him in the Bastille, the horrors of which are drawn with terrible realism.

"Like the fortress of St. Peter and St. Paul, which still exists, to the shame of civilisation, the Bastille had one supreme and crowning terror, its silence.

"The vision of Sophie Linden rose up before him. The woman who had shown him what a fair thing life is to those who love.

"'God!' cried the unfortunate.... 'There would be raving winter afternoons that would creep into longer winter nights, hot summer days would pass over the Bastille, bringing nothing here. And men would say, Oh, the Comte de Jussac. He died, did he not, or at all events disappeared, but that was twenty years ago?' The performing rat, who was the pet of the unfortunate Marquis de Owerolles, the former inhabitant of the cell, fills him with horror.

"The man who had graced everything that he touched, charmed all he knew, lent his wit to so many men, his heart to so many women, his purse to so many friends, and his genius—to a rat!"

The spirit of the Bastille lay on that page of unwritten history.

There is plenty of humour, however, supplied in this story, and the wit of Mme. Linden sharpened upon her many enemies and detractors, fills many a paragraph. Its point, however, is not always very easy to follow.

The scene where she elects to try on her new hats with an audience of her enemies is at least unique.

"Tilted more slightly to the left, Madame."

"So," said the Baroness.

"Perfectly," said the hat artist, "and with the mouth closed, please. It is not a hat of conversation."

It is with great relief that we read of the escape of de Jussac and of his reunion with Sophie Linden.

We can cordially recommend this book to our readers.

H. H.

## COMING EVENTS.

*May 20th.*—Meeting in support of the Myddelton Square Maternity Nursing Association, by invitation of Viscountess Clifden, 1, Great Stanhope Street, Park Lane, 3.15 p.m.

*May 21st.*—Ninth Annual Meeting of the Rural Midwives Association, 3, Grosvenor Place, S.W., Lord Aberdare presiding. The National Insurance Act, with special reference to midwifery, will be discussed. 3 p.m.

*May 21st.*—Coronation Fund for Nurses in Ireland. Annual Meeting, College of Surgeons, Dublin.

*May 22nd.*—Asylum Workers' Association. Annual General Meeting. 11, Chandos Street, Cavendish Square, W. Chair, Sir William Collins, M.D., F.R.C.S. 3.30 p.m.

*May 28th.*—Trained Maternity Nurses' Association. Lecture on "Hæmorrhage" by Dr. L. Frazer-Nash. 33, Strand. 4 p.m.

*May 30th.*—The Midland Matrons' Association, Birmingham. Meeting: Miss Mollett will speak on the Trained Women Nurses' Friendly Society in the afternoon, and to Nurses at the General Hospital, Birmingham, in the evening.

\* By H. de Vere Stacpoole. Hutchinson & Co., London.



## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

## CROSS INFECTION IN HOSPITAL.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—My attention has been drawn to a paragraph in THE BRITISH JOURNAL OF NURSING for May 11th, 1912. Under the heading "Hospital Disorganization," it is suggested that lack of "nursing supervision" is the cause of a state of affairs described in the annual report made by Dr. C. H. Phillips, Medical Superintendent of Bucknall Hospital, Stoke-on-Trent.

Being deeply interested, and having made a careful study of that report, I fail to discover any grounds on which such a suggestion could be made.

Dr. Phillips himself is indignant that such an interpretation should be placed on words of his.

The facts are these. In pre-federation days this hospital served a district consisting of four towns and one rural district. Since federation—March 31st, 1910—two more towns have been added (with a population of 60,000). At the same time scarlatina has been prevalent in epidemic form in the Potteries, and, in Dr. Phillips' words, "the work has almost doubled, and the accommodation for staff and patients remains the same." The wards built for, and, according to Local Government Board requirements, with air space for 81 patients, now contain 172 beds.

To those experienced in fever hospital administration I think the above facts, together with some others mentioned in the report with which I have no concern, will explain—I again quote Dr. Phillips—"how necessary the extensions are at the hospital," and that the overcrowding and lack of isolation accommodation are jointly responsible for the troubles we have had, viz., cross infection, and sickness amongst the staff. Considerable extensions are already in progress, and I trust the day is not far distant when the people of the Potteries will have cause to be proud of their fever hospital.

I am, dear Madam,

Yours faithfully,

IRENE WEBB, Matron.

Bucknall Hospital,  
Stoke-on-Trent.

[In commenting upon a report presented by Dr. Phillips to the Stoke Joint Hospital Board last week we expressed the opinion that "nursing supervision appears to be the remedy for much of the disorganization"; a better word, and what we had in mind, was "nursing inspection." We had no intention of reflecting upon the work of the matron. We feel sure that if all isolation hospitals were systematically inspected by Government Nursing Inspectors such a report as that

to which we allude would be rendered impossible and the matrons of such institutions would be spared much terrible anxiety. Dr. Phillips stated that a number of persons stated to be suffering from scarlatina never had the disease at all, and others contracted it after admittance to hospital. Nine scarlatina patients contracted diphtheria, and two died. Twenty-one persons admitted as diphtheria patients contracted scarlatina from patients sent into the diphtheria ward in mistake, and fifteen persons admitted as scarlatina patients were found to be suffering from chicken-pox. Owing to want of room, sixteen other patients contracted chicken-pox from them. Four members of the staff contracted scarlatina, eight diphtheria, and four enteric fever. By such a condition of affairs the lives of the patients and staff are risked, and they are the only persons concerned to whom indignation is permissible.—ED.]

## THE EXCLUSION OF TRAINED NURSES FROM THE ADVISORY COMMITTEE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Your leader last week was read in Ireland with interest, as the Irish Nurses' Association has also been denied representation on the Irish Advisory Committee by the Commissioners in Dublin. Our deputation was informed, in fact, that as trained nurses would "receive benefits" under the Act it was absurd that they should be represented on the Committee! Why? An advisory committee is to advise, not to administer, and who but experts can advise on nursing matters? The medical profession and midwives are to have expert opinion represented on the Committee, but not the highly qualified profession of nursing. It is time, as you say, that we knew the reason of our exclusion. Personally, I am of opinion that the Commissioners mean to provide cheap contract nursing, mixed up with midwifery; if so, it is to be hoped that, as the profession is unjustly excluded from an expression of opinion by the Commissioners, that the Press will take up our case. We all detest this ill-digested Act, many intend to resist it, and our treatment by the Commissioners justifies such action.

Yours,

"WIGS ON THE GREEN."

## REPLIES TO CORRESPONDENTS.

Miss Evans, Birmingham.—You refer, no doubt, to the "mixer," supplied by Horlick's Malted Milk Co., Slough, Bucks, for combining their excellent preparation with water. It can be obtained through any chemist locally; or direct from the Company, price 6d.

## OUR PRIZE COMPETITIONS FOR MAY.

May 25th.—What meals should be served in hospital wards daily; how, so that they reach the patient in an appetising form?



# The Midwife.

## INTERESTING CASES.

In the *Lancet* of April 27th there are accounts of several cases which are of interest to midwives.

Dr. J. B. Hellier, Honorary Obstetric Physician to Leeds General Infirmary describes a Caesarian section performed for labour obstructed by a suppurating ovarian dermoid cyst. The patient, aged 30, was in the last month of her third pregnancy. Her first labour had been terminated by craniotomy, and her second induced at eight months, a living child being delivered by forceps. After this labour a posterior uterine tumour was diagnosed, and as it increased in size during the third pregnancy she was sent to Leeds Infirmary.

The usual signs of pregnancy were found on examination. The presentation was vertex I., the foetal heart normal, the oblique conjugate measured 4in., the estimated true conjugate being 3½in. In Douglas' pouch a rounded elastic movable tumour could be felt, which threatened to obstruct labour. Labour, however, was allowed to start naturally, and shortly after the onset an abdominal section was performed. An ovarian cyst, which was discharging foul pus, was found to occupy the pouch of Douglas, and was removed. A living female child of 7½lbs. was extracted from the uterus, and on account of the infected condition of the pelvis, the uterus was then amputated through the cervix. The patient did well and eventually made a good recovery, though there was an accumulation of fluid which had twice to be drawn off by vaginal incision.

The pathological examination of the tumour revealed that, besides the usual dermoid contents of hair, teeth, tissue, etc., there was a quantity of septic fluid. And Dr. Hellier points out that, had the case been delivered without abdominal section, the cyst would have been crushed and its septic contents have been emptied into the abdomen; also, the child must in all probability have been sacrificed. Had Caesarian section been performed without removal of the uterus, the uterine incision might have suppurated.

The interest of the case lies both in the diagnosis and skilful treatment, and in the peculiar nature of the obstruction itself. These dermoid cysts are always congenital in origin,

although they frequently continue to grow and develop in after-life. They were formerly thought to be the remains of an undeveloped foetus inside another perfectly developed child. That theory is now generally discredited, on account, chiefly, of the irregular proportion of the contents, which consist of hair, glandular tissue (occasionally fully formed mammary glands with nipples), teeth (sometimes as many as 100), sebaceous and sweat glands, and fatty matter probably secreted by these glands. Some few contain also bones, nerve tissue, and striated muscle. They are covered by a wall of skin or mucous membrane. Their true origin is extremely obscure, but they are probably due to some form of mal-development in early embryonic days. Those which do not contain bone or nervous and muscular tissue are derived, as the term dermoid or dermatoid suggests, from the epithelial tissue. The more complicated ones are known as proliferative cysts. They are found most commonly on the ovaries, and occasionally in other parts of the body cavity. They usually cause obstruction during labour, and their chief danger is that the greasy and sometimes foetid contents may escape and infect the peritoneal cavity or uterus.

M. F.

## THE NATIONAL INSURANCE ACT AND THE ROTUNDA HOSPITAL, DUBLIN.

The Master of the Rotunda Hospital, Dr. Henry Jellett, has presented to the Board of that hospital an exhaustive report, in connection with the National Insurance Act. It will be remembered that we recently reported the views expressed by Dr. Jellett to the Irish Insurance Commissioners, and he refers to his interview with them in the present report. Dr. Jellett informs the Board—

"The Act will affect us in three ways: (1) By causing a probable reduction in the amount of our subscriptions; (2) By causing additional expenditure, in consequence of having to insure both servants and staff, and possibly the probationer nurses; (3) By penalizing all patients who are admitted to the intern maternity department of the hospital, or who are attended in the extern maternity department of the hospital." In regard to the first point, Dr. Jellett does not think it likely that the Rotunda Hospital will lose so much as the general ones. As to the second, a committee, representing the interests of the Dublin Hospitals, have requested the

Commissioners to consider nurses in hospitals as coming under the head of inmates of charitable institutions; and so, of excluding them from the necessity of insurance, under Section 51 of the Act; and also to include probationer nurses under the head of apprentices, who do not receive money payment, and who consequently need not be insured. He uttered a word of warning, however, as to the ultimate liabilities of the Governors, when inmates leave their service. "The third manner in which the Act affects the hospital is," says Dr. Jellett, "far the most important, since it concerns not merely our finances, but our existence. Under the Act no payment can be made on account of sickness or maternity benefit, in respect of any woman who is an inmate of the hospital during her confinement. Further, payment of this benefit can only be made, if the woman is attended during her confinement by a registered medical practitioner or certified midwife. Thus, by the first of these, all our intern patients, and by the second, all the patients in our extern maternity department will lose their maternity benefit. It is not difficult to see what the effect of this will be on the hospital, since it means the loss of thirty shillings to every uninsured woman who is the wife of an insured man and of three pounds to every woman who is herself insured. It is also not difficult to see what its ultimate effect will be on medical education, and on the skill and knowledge of the future medical practitioner and midwife."

Dr. Jellett asked the Irish Insurance Commissioners to make clear to the poor, that though the mother will forfeit her maternity benefit by entering a hospital, still the money will, in all cases, be paid to her husband's dependents. The Chairman of the Commissioners held that the Act gave no such power. On the other hand, Dr. Jellett says, "the wording of the section is very definite, and I have had very clear assurance that his views in this respect are wrong."

The second suggestion made by the Master of the Rotunda is that women who are attended by medical students or pupil nurses in the extern department of a recognised hospital, under the direct supervision of a medical officer of the hospital, shall be regarded, for the purposes of the Act, as having been attended by a registered medical practitioner. The Commissioners have promised to take this statement into careful consideration, and to meet the deputation again in regard to it.

We desire to suggest that the right course would be to secure the extension of the Midwives Act to Ireland; and then to enforce the Act, in regard to the presence of a registered medical practitioner or certified midwife, at every confinement in which the benefit is paid. The "covering" of unqualified practice by medical students by hospital authorities, which would be "infamous conduct in a professional respect" in the case of a registered medical practitioner, has long been an evil needing redress, and a danger to the lying-in woman; and at least one good thing will be

effected by the Insurance Act, if it puts an end to this practice. If a medical practitioner cannot, in every instance, supervise the work of the student or pupil midwife, let a certified midwife do so. But those who subscribe for the Maternity Benefit are entitled to skilled attendance, and that is not the attendance of a pupil gaining experience as he or she best may, covered by the resident medical officer of a hospital, perhaps a mile away.

## CENTRAL MIDWIVES' BOARD.

### LIST OF SUCCESSFUL CANDIDATES.

At the Examination of the Central Midwives Board held in London on April 29th, 1912, 371 candidates were examined and 329 passed the examiners. The percentage of failures was 11.3.

#### LONDON.

*British Lying-in Hospital*.—L. Farquhar, M. Hutchinson, E. A. Lenton, D. R. Miller.

*City of London Lying-in Hospital*.—S. E. Green, A. E. Leary, M. C. Litchfield, S. M. Mackillop, E. Phillips, E. M. Pollard, M. Quinn, E. C. Scott-Smith, C. A. Solomon, L. M. Stroud, M. E. Thompson, B. E. Walker.

*Clapham Maternity Hospital*.—E. Brayton, K. M. Jsgar, A. S. M. Kittermaster, F. I. Lansdown, M. D. Parker, E. Peate, G. E. Pennington, S. F. Purves, L. S. E. Shawe.

*East End Mothers' Home*.—M. C. Berlon, W. M. V. Brammall, K. Crees, D. L. M. Drew, W. R. Harold, L. G. James, E. E. P. MacManus, B. G. Read, E. Sharples, M. E. Speight, K. Wilson.

*Edmonton Union Infirmary*.—M. M. Knott, M. Plant.

*General Lying-in Hospital*.—B. Allen, M. D. Allen, E. M. Allerton, C. Andrews, R. A. Attwater, N. D. Barnes, N. S. Bass, F. G. Battishill, D. J. Berger, N. Bowles, T. S. Brooks, H. M. Cameron, M. L. Clarke, M. M. Cowman, A. M. Culley, E. Gibson, E. L. Giles, M. H. Gilson, E. A. Hallam, E. F. M. Hawksley, F. I. S. Jones, J. Lancaster, E. Little, F. E. Looker, E. M. Michael, E. Mitchell, H. E. Monson, H. L. Morris, E. L. Parsons, E. Reynolds, J. H. R. Ryan, G. E. St. John, D. G. Shorey, E. M. Thornton, M. Victor, F. A. Walker, S. L. Watson.

*Guy's Institution*.—H. A. Bruce, J. Dowley, A. du Sautoy, E. A. Moriarty, K. E. New.

*Hackney Union Infirmary and Eastbourne Workhouse Infirmary*.—L. Fletcher.

*Kensington Union Infirmary*.—M. M. Fluellen.

*Lambeth Parish Workhouse*.—M. Ash, L. E. Cushon, M. W. McCroddan.

*London Hospital*.—E. G. Cooke, E. Hall, A. E. Humphries, J. I. Kerr, F. Paske, C. L. Petty, M. M. Richardson, K. V. White, M. E. Wilshire.

*Middlesex Hospital*.—H. M. Hawkins, M. Morrison, C. A. Walker.

*New Hospital for Women*.—M. T. K. Bridge, C. A. Yonnie.

*Plaistow Maternity Charity*.—M. Adnitt, C. E. Baker, W. M. Bengé, V. E. Cooper, M. E. Dring, F. A. Edwards, M. L. Giles, B. Griffiths, M. E. Hewitson, S. E. James, F. E. Jarvis, M. A. Lloyd, E. K. May, M. E. Nevin, A. Owen, R. A. Owen, M. Pearson, E. S. Rainey, L. J. Reynolds, A. R. Sangar, E. E. Sayers, S. Schichman, E. R. Smith, F. Smith, M. L. O. Smith, E. A. R. Studholme, E. E. Sutton, E. Tapner, A. Wallis, E. E. Westley, N. Wilcox, S. J. Wilkins, M. A. Wilson.

*"Regions Beyond" Missionary Union*.—L. E. Hamling, M. A. E. Lucy.

*Queen Charlotte's Hospital*.—E. J. Batley, A. Clegg, A. M. Crooke, A. Davey, H. M. Drewry, M. A. Dyer, D. M. Edwards, B. R. Evans, A. G. Eyre, E. Farne, L. Frowd, I. B. Guillet, A. C. Hart, I. F. J. Hartwell, L. Heyes, K. L. Higgins, M. H. Hope, D. F. Huddleston, E. S. Jones, R. A. Jones, H. F. C. Kelting, M. G. Larner, B. M. Lowles, E. C. Naylor, M. Newbold, P. Phillips, E. M. Popple, C. Roberts, A. Sweet, K. M. Taylor, M. E. Thornton, M. B. Walker, M. E. Webb, M. Welch, J. L. Worrall.

*St. Bartholomew's Hospital*.—M. Kennedy.

*Salvation Army Maternity Hospital*.—A. P. Allum, E. A. Crawley, C. L. Evans, C. McGaughan, A. L. Packer, L. Schwallenberg, E. F. Warren.

*Shoreditch Union Infirmary*.—M. Butcher, N. Hollowell.

*University College Hospital*.—E. Batten, M. E. L. Clarke, F. M. Embry (and Lewisham Infirmary), E. K. Storrar, W. E. Witcombe.

*West Ham Workhouse*.—C. E. M. Cocker.

*Whitechapel Union Infirmary*.—M. A. Staley.

*Woolwich Home for Mothers and Babies*.—A. Lator.

*Woolwich Military Families' Hospital*.—E. F. Morgan.

#### PROVINCIAL.

*Aldershot, Louise Margaret Hospital*.—A. Sweeney.

*Birkenhead Maternity Hospital*.—M. Crabtree.

*Birmingham Maternity Hospital*.—A. O. J. Coates, M. H. Dorsett.

*Brentford Union Hospital*.—A. G. Royal.

*Brighton and Hove Hospital for Women*.—N. Farrant, B. M. E. Hesketh, H. Holmes, E. A. Inwood, A. Lloyd, M. Maclaverty, A. Sansom, K. M. Smallwood, E. Styles, M. M. B. Williams.

*Bristol Royal Infirmary*.—M. A. Lynch, I. N. Robinson, C. M. Stainton, R. B. Verbeyst.

*Chatham Military Families' Hospital*.—E. Chadwick, E. A. Russell.

*Cheltenham District Nursing Association*.—M. Midwinter.

*Chesterfield Union Workhouse and Jessop Hospital*.—E. A. Radford.

*Derby, Royal Derby Nursing Association*.—A. Knowles, E. Pritchard.

*Devon and Cornwall Training School*.—F. E. Arbuthnot, A. K. Banghurst, E. Dascombe, H. Truan, H. D. Vickers.

*Devonport Military Families' Hospital*.—C. E. Holloway.

*Gloucester District Nursing Society*.—E. Cook, E. Deadman, F. Sutcliffe, M. A. F. Williams.

*Ipswich Nurses' Home*.—E. M. Beeching, C. R. Brown, F. Cooke, L. E. Cornwell, M. A. Newton.

*Leeds Maternity Hospital*.—J. L. Burgess.

*Liverpool Workhouse Hospital*.—N. Willatt.

*Northampton, Q.V.N.I.*—R. Mercer, J. L. Paris.

*Nottingham Workhouse Infirmary*.—B. M. Turton.

*Portsmouth Military Families' Hospital*.—S. T. Neilson, A. L. Walker.

*Portsmouth Workhouse Infirmary*.—B. E. Covington.

*Shorncliffe, Helena Hospital*.—J. A. Davis.

*Windsor, H.R.H. Princess Christian's Maternity Home*.—C. Egan.

#### WALES.

*Cardiff, Q.V.J.N.I.*—M. A. Harries, S. A. Jones B. Richards.

*Merthyr Tydfil Union Infirmary*.—E. M. John.

#### SCOTLAND.

*Aberdeen Maternity Hospital*.—A. E. Will.

#### IRELAND.

*Curragh Camp Military Families' Hospital*.—F. Williams.

*Dublin, Coombe Hospital*.—H. J. Hogan.

*Dublin, Rotunda Hospital*.—M. B. Bell, M. G. Williams, M. M. Woolgar.

#### FOREIGN.

*Civil Hospital, Hong Kong*.—A. Evans.

#### PRIVATE TUITION AND INSTITUTION.

K. Bishop, L. E. Brown, E. Chapman, F. M. Garrett, E. J. Grantham, H. M. Harvey, I. Hilton, L. A. Jolliffe, G. Mercer, E. Reeves, C. M. C. Roberts.

#### PRIVATE TUITION.

B. A. Battershall, F. M. Beeson, S. J. Bevan, E. Brearley, C. Burns, E. E. Callard, H. K. Campbell, E. Clark, L. M. Cooper, H. M. Cope, M. Crawshaw, G. Dennis, E. L. D. Dodd, M. Evans, A. E. M. Field, E. S. Fisher, C. E. Ford, G. H. Grace, N. Haines, F. Harris, W. A. Harrison, M. G. Hosegood, H. Hubbard, M. A. Hull, F. C. E. Jagôt, J. Jarratt, F. E. Johnson, F. C. Johnson, P. L. Keatley, A. A. L. Kendall, C. Kirk, H. A. M. Kremer, E. M. Lea, K. Longcroft, F. I. Luckhurst, M. J. Lusby, M. McCallan, S. E. McCracken, M. R. Maunders, A. M. Mossman, H. M. Norton, S. O. Nylén, A. O'Coy, M. Page, L. Parsons, M. Paul, A. M. Phillips, F. S. Powell, A. L. Prince, E. T. Richens, J. A. Rockey, C. Sargant, F. M. Scott, M. E. Sears, C. E. Stumpf, T. Taylor, M. E. Thorpe, R. C. Tinsley, F. A. Tucknott, K. M. Vestergaard, M. Wallis, O. Walters, S. S. Warey, E. Wells, E. C. L. White, B. E. Whitehouse, B. Wingfield, L. M. Woods, C. M. Wright.

#### THE NEXT EXAMINATION.

The next examination of the Central Midwives Board will be held in London, Birmingham, Leeds, Manchester and Newcastle-on-Tyne on June 11th. The Oral Examination will follow a few days later.



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## EDITORIAL.

### THE SCOPE OF DISTRICT NURSING.

It is a fine thing to start with ideals, whatever our chosen work in life may be; it is finer to hold on to those ideals, whether they seem to be attainable or not; for, to those who refuse to abandon them, visions have a way of becoming translated into realities.

In adopting district nursing as her work in life, a nurse may limit her conception of duty to caring for the patients in her charge faithfully and well, or she may adopt a wider outlook, and consider everything within her sphere of work which tends to raise the standard of health, and to prevent disease, in the community amongst whom she working.

It is the former nurse who is apt to raise the cry of insufficient occupation and dulness, when she accepts a post in a country place, where acute cases and operations are comparatively rare, and where she soon longs to be back in a town district, or hospital ward, where the daily routine is mapped out for her. But her complaint does not arise because the work is not ready to her hand, but because of her lack of imagination—because she fails to visualize, behind things as they are, things as they might be. If she were to look beyond the case to which she is called to first causes, she would find plenty to occupy her attention. The child sick unto death of infantile diarrhoea, deformed with rickets, or dragging out a weary existence with tubercular disease, needs nursing care, it is true, but to those who can read the signs aright such cases point to the need for the establishment of Schools for Mothers, where, amongst other things, the results of unclean milk, and imperfectly cleansed bottles, can be taught; for "epidemic" diarrhoea is the disease of bottle-fed babies, and usually the result of

decomposition of the milk in hot weather. Again, rickets is essentially a result of improper feeding, and tuberculosis flourishes in dirt and darkness. If mothers are taught these things, they will not only turn to the nurse to help them when disease occurs, but will be actively helpful in combating the conditions which foster disease.

Similar instances could many times be multiplied, but it is the underlying principle which matters. Once this is grasped, work falls readily into line, and it is just because the 55 nurses of the Chicago Visiting Nurse Association (all of whom write the letters R. N. after their names) have seen the vision of things as they might be, and are struggling to translate it into fact, that the work done by the Association is so fine.

Here are some of its ideals: Stricter enforcement, by a larger force of inspectors, of the housing laws; cleaner milk for the babies from tuberculin-tested cows; obligatory birth registration; grants to the City Health Department adequate to their needs, and their possibilities of fine, preventive work; open-air schools, and more open spaces and playgrounds; a United Charities Building, where all could work together without waste of time and energy; a perfect social service in following up hospital out-patients; the study and carrying into effect of the science of eugenics, so that the nurses shall not have the degenerate and foredoomed sufferers to care for that they have at present. It is a fine conception, and certainly the nurse who sets out to attain it will not have much spare time on her hands, but she will have the satisfaction of knowing that she has averted a great amount of preventible suffering.

We recommend the nurse who desires to increase her knowledge of the modern conception of one's duty to one's neighbour to read "Democracy and Social Ethics" by Miss Jane Addams of the Hull House, Chicago.

## THE TUBERCULOSIS WORK THAT IS BEING DONE AT LEICESTER.\*

(Abridged.)

By MISS LUCY GLASS.

In speaking of the Tuberculosis Work that is being done in Leicester it may be classified under the following headings:—

- (1) That done by the State.
- (2) That done by Municipal Authority.
- (3) That done by Local Charities supported by voluntary contributions.

(1) First, in reference to the work of the State in connection with tuberculosis, a most important step has been taken in the present year of 1912—by this I mean the Act has been brought into force making tuberculosis a notifiable disease—an Act which all Health Authorities must have longed for for many years, as no one knows better than they tuberculosis is a preventable disease if certain precautions and treatment are carried out. But until the notification of tuberculosis was made compulsory many cases of tuberculosis were never heard of by the Health Authorities, and thus some houses have become sources of infection, for when a death from phthisis has occurred in a house there is always a danger to the other inmates, unless the room, clothing, bedding, and all appliances that were used by the patient have been thoroughly disinfected, boiled, and stoved. It can easily be imagined how many cases of tuberculosis would never be heard of by the Health Authorities before the compulsory notification of tuberculosis came into force; especially in houses where the people were careless or indifferent to the spreading of the infection, and only looked upon the precautions taken by the Sanitary Inspectors as an unnecessary trouble and upset. The Compulsory Notification of Tuberculosis also helps the Sanitary and Education Authorities to discover cases of tuberculosis amongst the children in the Council Schools. To quote from the Regulations sent out by the Local Government Board:—"A School Medical Inspector is required to notify all cases of pulmonary tuberculosis of which he becomes aware in the course of an inspection held by him at a public elementary school, or elsewhere.

"Valuable results may be anticipated from the co-operation of Sanitary and Local Education Authorities. In many instances it will be practicable for the Medical Officer of Health to acquaint the School Medical Inspector with the names of children coming from houses in which

cases of pulmonary tuberculosis have been notified. The latter will then be able to pay special attention to such children at his periodical inspections, and to call them up for inspection more frequently than would otherwise be the case."

In Leicester when the M.O.H. receives a notification of a case of tuberculosis that is not already being treated by a Medical Practitioner and is a suitable case for the Tuberculin Treatment, he passes it on to the Assistant Medical Officer of Health who is in charge of the tuberculosis dispensary.

### THE MUNICIPAL AUTHORITY.

Now we come to the work that is being done by the Municipal Authorities in Leicester, who were the second in England to start a tuberculosis dispensary, Portsmouth being the first. Probably the number of these dispensaries at the present time is over half a dozen.

After the notification of a case of tuberculosis is received at the dispensary the case is visited by a Health Visitor attached to the dispensary. There are three of these Health Visitors at work in Leicester; their work is to visit the patients in their own homes and to get their general history.

Miss Glass here mentioned the Local Government Board Regulation emphasising the necessity for regarding records and information acquired as strictly confidential documents, and explained that the Leicester Tuberculosis Dispensary organizes its work through four forms. *Form A*, filled in before admission to the Dispensary. *Form B*, filled in by the doctor, "a record of physical condition on admission." *Form C*, "a record of treatment and progress." *Form D*, "a record of Home Conditions."

*Treatment*.—The treatment consists chiefly of the injection of tuberculin.

*Method*.—The method adopted is that each patient is taught to read a clinical thermometer and how to take his or her temperature. A card is then given to each patient who attends the Dispensary, on which the temperature is to be recorded, and which he is instructed to take three times a day for one week; if it keeps fairly normal, and the physical signs are indefinite, the patient returns to the Dispensary, and is given a diagnostic series of doses of tuberculin. If there is reaction after several of these doses the patient is considered tubercular and is put under a regular course of treatment, which lasts for about nine months, the tuberculin being injected twice a week and the patient weighed once a week. When the treatment is finished the patient is requested to

\* Read at the Nursing and Midwifery Conference, London, April, 1912.

return to the Dispensary every two months to report on his or her condition.

At the expiration of nine months after the treatment the patient's condition of immunity to tuberculosis is tested with injections of "old tuberculin" (*i.e.*, the tuberculin originally introduced by Professor Koch as distinguished from the modified preparations introduced more recently). All patients attending the Tuberculosis Dispensary are provided with postcards on which to send any change of address.

*Expenditure.*—The Tuberculin Injections for the full course of treatment cost 25s. per patient. The Dispensary costs £600 per annum. The cost to the ratepayers is equal to a farthing rate.

*Drawbacks.*—(1) Many of the patients, who chiefly come from very poor homes, are not able to get the liberal and wholesome diet which is so necessary to make the treatment a success.

(2) The advanced cases of phthisis cannot be treated at a public dispensary where 120 cases in the early stages of phthisis are being treated every week. Certainly these advanced cases can be treated in the Leicester Poor Law Infirmary, but it is found they will only stay for a limited time, and when they find no great improvement is made they return to their own homes to die. The most encouraging part of the Tuberculosis Dispensary work is that which deals with the contacts. Those persons who have only just become infected with the tubercle bacillus through contact with an advanced case of tuberculosis which has not been properly isolated, or where proper precautions to prevent the spread of infection have not been taken. If these contacts are put under treatment at once, and can have all that is necessary for the success of the treatment—*viz.*, good food and fresh air—there is every hope that they may be eventually cured. One great advantage of the tuberculin treatment is that patients can continue to earn their livelihood.

The Municipal Authorities of Leicester have also under their control a very up-to-date sanatorium, which has 30 beds for tuberculous patients. Here the treatment is chiefly educative, for, as the memorandum of the Medical Officer of the L.G.B. says, "Instruction of the tuberculosis patient is essential for the prevention of tuberculosis. Pulmonary tuberculosis, being a disease of protracted duration, the institutional or domestic isolation of patients during the whole course of the disease is impracticable. . . . The ideal to be aimed at is that where the patient lives and works his power of infectivity shall be inoperative. This ideal is not likely to be realized unless specific

instructions are given in such a way that they will become effective in the patient's life. Of the means to this end, temporary abode in a sanatorium is probably the most effective. The habits of life thus initiated can be maintained by continued watchfulness and care under a private practitioner or in connection with a Tuberculosis Dispensary, and by the Home Visiting of a competent and sympathetic health visitor or nurse."

Sputum bottles of blue glass with rubber stopper are supplied at the Town Hall, on application, free of charge. A great many tuberculosis patients use these bottles, but a large number of the very advanced cases do not use them, simply because during a fit of coughing the patient is far too exhausted to pull out the stopper, and then again the mouth of the bottle is too small to always catch the sputum.

#### LOCAL CHARITIES SUPPORTED BY VOLUNTARY CONTRIBUTIONS.

The leaders in this philanthropic work are (a) the Leicester District Nursing Association, (b) the Leicester Guild of the Crippled. The District Nursing Association is now working in co-operation with the Sanitary Committee of the Borough, a monthly report being sent to the M.O.H. of any consumptive patients that have been nursed, and the Sanitary Committee, in return for this, make an annual grant of £25 to the Association.

The Assistant Medical Officer of Health sends to the Superintendent of the District Nurses' Home any cases of suspected tuberculosis that he wants to be under observation. It is also frequently necessary for a district nurse to dress cases of lupus that are under the Tuberculosis Dispensary. The District Nurses also leave printed cards of instruction to tuberculosis patients on the precautions to be taken to prevent the spread of infection. These cards are supplied by the Municipal Health Department of Leicester.

(In addition the same work in connection with tuberculosis patients which is being done by trained district nurses throughout England is being carried on.)

The Leicester Guild of the Crippled has under its care 330 Leicester cripples—many suffering from tuberculosis in some form or other. Without this Guild many patients suffering from tuberculosis would be unable to have that most powerful agency towards their cure or alleviation—the open-air treatment. The Guild enables them to get this by supplying them with spinal carriages, bath-chairs, and crutches. Those now supplied number 60 spinal carriages, 98 bath-chairs, and 100 pairs of crutches.



## CONGRATULATIONS TO OUR COLLEAGUES IN CANADA.

### STATE REGISTRATION AT LAST.

The Provincial Legislature of Ontario, which may be considered the most consolidated Province in the Dominion of Canada, has just passed a Hospital Act which provides for the Registration of Nurses. A thousand congratulations to the Graduate Nurses' Association of Ontario, and its able President, Miss Bella Crosby, which has done so much to push State Legislation forward.

The clause in the Act which provides for Nurses' Registration will be read with interest: "Training Schools for Nurses may be conducted at hospitals receiving aid under this Act, and when such regulations in relation thereto as may be prescribed by the Lieutenant-Governor in Council have been observed, Graduate Nurses of such training schools may be entitled to registration in a register kept for that purpose under the direction of the Provincial Secretary, and a person so registered may be designated a Registered Nurse." At a recent meeting of the Graduate Nurses' Association of Ontario, a Committee was appointed to confer with the Provincial Secretary in regard to "such regulations."

The current number of the *Canadian Nurse* says editorially on State Registration of Nurses:—

That a step in advance along this line has been made in Canada will be welcome news to every graduate nurse. The Hospital Bill, which has just been passed by the Provincial Legislature of Ontario, contains a section which provides for the registration of nurses. The regulations have yet to be arranged, and these will be such, we hope, that every graduate nurse in the Province will be proud to have her name in the register.

That this measure is most opportune is evidenced by the fact that correspondence schools and so-called schools of nursing, where women may become nurses in a few months and only devote a few hours a week to the acquirement of the necessary knowledge, are in our midst and doing much harm in diverting many who might become probationers in accredited hospitals and eventually be good nurses, to this short cut to knowledge.

Registration makes it possible to differentiate between the properly qualified graduate nurse and the woman who has had only a partial training or none at all. This will protect the sick from imposition and safeguard the honour of the profession.

The nurses in every Province in the Dominion are working strenuously, unitedly, to secure registration. Success is bound to follow such

whole-souled effort and State Registration will soon be established in every Province. It will not then be difficult to evolve a system of reciprocity, so that registration in one Province will qualify the nurse to practise anywhere in Canada.

At this moment of triumph do not let us forget to offer our heartfelt congratulations to the devoted pioneers of nursing organization in Canada, whose untiring labours laid the foundations of this happy consummation, coupled with the name of Miss M. A. Snively, late Lady Superintendent for a quarter of a century of the General Hospital, Toronto, who is now a guest in this country. We know with what deep satisfaction she has learnt of the passing of this new Act in Ontario, which means the ultimate organization of the profession by the State from the Atlantic to the Pacific, throughout the magnificent Dominion of which she is so distinguished a daughter. We congratulate the Superintendents of the Canadian Nursing Schools that, owing largely to their disinterested courage, nursing in Canada is to receive due recognition from the State.

And what of our sorry condition in the Mother Country? Why have we had to work, and slave, and plead, and pay for a whole quarter of a century for our reasonable demand that our place in the body politic should be justly organized? Ah, that is a pitiful story, the sordid keynote of which we will not strike to-day in this happy hour of victory. For is not the well-being of nursing in Canada as dear to us as it is at home? We recognise no distinction. As the Dominion Minister of Finance said in his fine speech on Saturday at Ottawa, on the position of Canada in the Empire: "Distance is fast becoming annihilated. Halifax is nearer to London than to Vancouver. . . . The situation of Canada is in the centre of the Empire"—that being so, let us realise that every step forward made by our nurses overseas is a step forward for us. The dull, dominating one-sex Government now so rampant and so demoralising, under which the conscientious intelligence of women in this country frets and fumes, must, urged by a sense of self-preservation if for no higher motive, give way before long. Our duty is to *go on*, and let us see to it that we "step lively."

Our first step will be to celebrate the passing of the first Act providing for State Registration of Nurses in Canada by offering a congratulatory dinner in London to Miss M. A. Snively towards the end of June.

## SUCCESS IN THE UNITED STATES.

The *American Journal of Nursing* announces that Bills for the State Registration of Nurses have passed in the States of New Jersey (an amended Act), Delaware and South Carolina, and that the Rhode Island Bill has passed the House and is in the Senate. Splendid. The BRITISH JOURNAL OF NURSING conveys heartiest congratulations to the Nurses of all these States—as we learn that they have made a “splendid fight” for the principles of high-school education or its equivalent, inspection and registration of nursing schools, and a board of nurse examiners.

## STATE REGISTRATION FIXTURES.

June 7th.—Annual Meeting of the Society for the State Registration of Trained Nurses, Medical Society's Rooms, 11, Chandos Street, London, W.

Resolutions will be offered (1) Congratulating the nurses of Queensland, Ontario, Delaware, South Carolina, and Rhode Island, on Acts providing for their Registration by the State.

(2) Calling upon Parliament to give time for the Second Reading of the Nurses' Registration Bill now before the House of Commons for the ninth session.

(3) Expressing regret at the exclusion of the Trained Nurses' Organizations from representation on the Advisory Committees by the National Health Insurance Commissioners, and asking the Chancellor of the Exchequer to remedy the injustice.

June 21st.—Meeting by the kind invitation of Mr. R. C. and Lady Helen Munro-Ferguson, 46, Cadogan Square, S.W.

## LEAGUE NEWS.

The Leicester Infirmary Nurses' League will hold its Annual Meeting at the Infirmary on Thursday, June 13th. After the business meeting there will be a social gathering and tea, and the exhibits to be sent to the Nursing Exhibition at Cologne in August will be on view. All members are invited to stay to supper, and those able to do so should send their names to the President by June 10th.

In a letter sent to each member Miss G. Rogers intimates her resignation of the office of Lady Superintendent of Leicester Infirmary, which will take place towards the end of July, and she hopes to welcome as many members as can possibly attend the annual gathering, “so that we may have another happy day together before I sever my official connection with the Infirmary.”

## COLOGNE.

The German Ministry for Foreign Affairs has now acquainted foreign Governments with the date of the Meeting of the International Council of Nurses, and the Nursing Congress and Exhibition to be held at Cologne from August 4th to 7th next, and through our Foreign Office this official information has been sent to societies in this country interested in the nursing of the sick. This is the first time that the International Council of Nurses has been accorded Government recognition—although wherever it has held its meetings it has received the most courteous and hospitable welcome from the Municipalities of cities visited. The personal interest and kindness extended to the Delegates in London in 1909 by the late King Edward VII were deeply appreciated, and will never be forgotten by those privileged to visit Windsor, the Mausoleum, and the private grounds by his gracious permission.

The following members of the National Council of Great Britain and Ireland will present reports and papers in the various sessions of the International Meetings of the Council and Congress at Cologne, and will be pleased to hear from any members of the National Council who may wish statistics or other information incorporated: Report on Organization and State Registration, Mrs. Bedford Fenwick; Report of International Education Committee, by Miss Lanschot-Hubrecht (English details officially supplied); “The Position of the Matron with regard to the Education and Training of Nurses,” Miss M. Mollett and Sister M. Albens Fogarty, Ireland; “Nurses and Overwork,” Miss M. Breay; “Nurses and Social Work,” Miss B. Kent.

## THE NURSING EXHIBITION.

A small committee has been formed to organize an exhibit from the National Council of Nurses.

Miss Sutherland and Miss Beswick, from New Zealand, have arranged to join Miss Mollett's party to attend the Cologne Congress. Other nurses from that charming little Dominion will also be at the International meeting to take part in the affiliation ceremonies.

Miss Sutherland, who has been officially invited to be one of the representatives of New Zealand, will be able to report the result of Government Examination and State Registration in New Zealand when this important question comes up for report on Tuesday,

August 6th, and as she has practical experience of the system, and expresses the opinion that it has acted as a wonderful lever in raising the standards of nursing in the Dominion, and improving the education and status of nurses, her opinion coincides with that expressed by Dr. Chapple in the House of Commons at the recent meeting with members of the Society for the State Registration of Nurses.

Other countries are preparing most interesting papers and exhibits. On August 7th the day will be entirely devoted to Social Service and Preventive Nursing in all its branches. The paper from the United States will open by a description of the Department of Nursing and Health at Teachers' College, New York, written by Miss Nutting, and will conclude with material collected by Miss Waters (author of "Visiting Nursing in the United States"), showing the direction and extent of new lines.

It is estimated that at least 1,000 nurses will attend this world Congress, and we are glad to learn that a large number are planning to come over from the United States of America—as educationally and professionally the Americans give the lead to the nursing world. They have gone ahead of us long ago—more's the pity.

The Canadian paper is being prepared under the auspices of the National Association, and will probably be in a large measure the work of Miss Rogers, Superintendent of Public School Nursing in Toronto, who will take to Cologne an excellent exhibit of the work under her direction.

At the annual meeting of the Canadian National Association of Trained Nurses, recently held at Toronto, Miss Louise Brent in the chair, Miss M. A. Mackenzie, Chief Lady Superintendent of the Victorian Order of Nurses of Canada, resident at Ottawa, was elected President to succeed Miss Snively, who resigned office.

The question of delegates to Cologne was discussed, and Miss Phillips, of Montreal, undertook to provide a costume for Jeanne Mance for the Nursing Pageant on August 4th. This is truly a bit of realism—that the great Jeanne Mance should arise and come from the far-off land where she worked and died so heroically three hundred years ago! The nursing profession must cling to all the romance of its makers—this was our hope in creating a Nursing Pageant.

## NURSES AND THE NATIONAL INSURANCE ACT.

### THE EXCLUSION OF TRAINED NURSES FROM DIRECT REPRESENTATION ON THE ADVISORY COMMITTEES.

On the introduction of the National Insurance Bill into the House of Commons by the Chancellor of the Exchequer in May of last year it was at once apparent that it would intimately affect trained nurses personally and economically, and a meeting was convened and held at 11, Chandos Street, W., on July 10th, when the position was placed before the nursing profession. Since that time the readers of this Journal have been kept informed as to the action taken to secure skilled nursing to the insured sick, and to safeguard the educational standards and economic interests of trained nurses.

A Committee was appointed at the public meeting, with power to take any necessary action for the protection of the nurses' interests, afterwards known as the Trained Nurses' Protection Committee. This Committee asked the Chancellor of the Exchequer to receive a deputation, a request which was not acceded to, but the Chancellor promised to consider any representations placed before him in writing, and memoranda were accordingly forwarded to him.

Later the Right Hon. R. C. Munro Ferguson took charge of amendments supported by trained nurses, but, owing to the application of the closure, these amendments were not considered by the House of Commons. Trained nurses were, however, led to believe that their desire for direct representation on the Advisory Committees under the National Insurance Act would receive equal consideration with the claims of the certified midwives. Later the Insurance Commissioners, when appointed, invited nominations from Societies of Nurses for seats on the Advisory Committees. When, however, the names of those appointed were made public it was found that while the registered medical practitioners had their direct representatives through the nominees of the British Medical Association and the Association of Medical Women, and the certified midwives through the nominees of the Midwives' Institute, the nurses' organizations had been excluded from direct representation, the Commissioners having nominated two Superintendents working under Queen Victoria's Jubilee Institute for Nurses on the Joint Advisory Committee. Thus while all other industrial



and professional women workers have direct representation through their trades unions or professional associations, nurses are excluded, although in carrying out the Act in relation to the insured sick their skilled work must be requisitioned not only in connection with district nursing, but in other branches.

To take only one example of the way in which this unfair discrimination against nurses will affect them adversely. In a hospital, charwomen, domestic servants, and wardmaids may have representation of their interests through the National Federation of Women Workers and the Domestic Workers' Union; the clerks through the National Amalgamated Union of Shop Assistants, Warehousemen, and Clerks; Secretaries and Governors through the British Hospitals Association and the Central Hospital Council for London; the medical profession through the British Medical Association and the Association of Registered Medical Women. *So that the nurses are the only class excluded from direct representation in connection with this Health Act.* Under these circumstances Mrs. Bedford Fenwick, President of the National Council of Trained Nurses of Great Britain and Ireland, has communicated with the National Health Insurance Commissioners, and the correspondence, which is of public interest, is published below.

The National Council of Trained Nurses of Great Britain and Ireland.

431, Oxford Street, London, W.

May 1st, 1912.

MADAM,—At the small Conference on Nursing, convened by the National Health Insurance Joint Committee last week, you were good enough to say that you were prepared to bring before the Commissioners the desire of trained nurses for representation on the Advisory Committees, under the National Insurance Act, through their self-governing Associations (Unions). I beg therefore briefly to place before you the grounds upon which this desire is founded.

1.—Because, when the Act comes into force, the services of trained nurses will be necessary to the effective carrying out of its provisions, and therefore they, conjointly with members of the medical profession, and midwives, should have power to express their opinion and speak for themselves.

2.—Because every other class of working women, compulsorily insured, has already been accorded representation, viz., industrial and textile workers and women confectioners through the National Federation of Women Workers, the Women's Trade Union League, and the Women's Co-operative Guild, and the Women Confectioners' Society; domestic servants through the Domestic Workers' Union of Great Britain; shop assistants and clerks through the National Amalgamated Union;

medical women through the Association of Registered Medical Women; and midwives through the Incorporated Midwives' Institute; Social Workers who presumably will be employers, and will not be compelled to insure, through the National Union of Women Workers, the Women's National Health Association of Ireland, and individual workers.

I am, of course, aware that two ladies, Superintendents of District Nurses, are included in the Advisory Committee to the Joint Insurance Commissioners, as nominated members; but they are the paid officials of committees, taking their seats as individuals; and their appointment does not affect the principle which I, and many others, desire to see recognized, viz., the right of self-governing societies (Unions) of nurses to direct representation both on the Joint, and on the National, Advisory Committees.

When the National Insurance Bill was before the House of Commons an amendment giving representation to the trained nurses of this country was put down by the Right Hon. R. C. Munro Ferguson, but owing to the closure, was never considered. We were, however, led to hope by those in communication with the Chancellor of the Exchequer that he was sympathetic to the proposal, and that we were to have equal consideration with the midwives.

For your information, I beg to enclose a copy of the Constitution, and the List of the Societies composing the National Council of Trained Nurses of Great Britain and Ireland, which is the only National Association of Trained Nurses, including as it does the Irish Nurses' Association. I understand that the Hon. Secretary of the Matrons' Council, the affiliated Society of Matrons, including some 250 Matrons of hospitals and nursing institutions, proposes to place before you evidence of its representative character.

The National Council has an affiliated membership of 6,000 certificated Matrons and Nurses, which far outnumbers that of the Midwives' Institute, or of the Association of Registered Medical Women.

Thanking you for your willingness to give consideration to this question,

I am, Madam,

Yours faithfully,

ETHEL G. FENWICK, *President.*

To Miss Mona Wilson.

National Health Insurance Commission (England).  
Buckingham Gate,  
London, S.W.,

May 4th, 1912.

MADAM, I am directed by the National Health Insurance Commission (England) to acknowledge the receipt of your letter of the first instant, addressed to Miss Wilson, on the subject of the representation of the National Council of Trained Nurses on the Advisory Committee to the Commission, and to thank you for the information as to the position of trained nurses contained therein.

It will be within your recollection that at the conference of nurses held at this office on the 24th ultimo it was intimated to you that the composition of the Advisory Committee must be completed at the earliest possible date, and you were asked to submit the names of any persons suggested for inclusion by the next morning. It was decided, in view of the representations made to the Commission through the conference, to include Miss Hughes, of Queen Victoria's Jubilee Institute for Nurses, in the English Advisory Committee, and the Commission regret that they cannot see their way to include any further representatives of the Nursing profession.

I may further remind you of the opportunities which will be available to women who are interested in the working of the National Insurance Act to secure representation on the Insurance Committees which will be set up under Section 59 of the Act.

Under that Section women who are insured will along with other classes of insured persons be enabled to secure the nomination of their own representatives, and, in addition, I would draw your attention to the important provisions of Section 59 (2) (ii) which require the appointment of at least four women on every Committee of a County or County Borough. The experience and qualifications possessed by many members of the profession will doubtless commend their appointment as representatives on these bodies in many instances.

I am, Madam,

Your obedient servant,

ROBERT L. MORANT.

Mrs. Bedford Fenwick,

President, National Council of Trained Nurses of Great Britain and Ireland.

The National Council of Trained Nurses of Great Britain and Ireland,

431, Oxford Street, London, W.

May 9th, 1912.

SIR,—I beg to acknowledge your letter of the 4th inst. in reply to mine of May 1st, addressed to Miss Mona Wilson.

At the Conference to which you allude, at which information was sought by the Commissioners from representatives of district and private nursing institutions, I asked—though probably out of order—why the trained nurses' organisations had been excluded from direct representation on the Advisory Committee to the Joint Insurance Commissioners.

As no satisfactory reply could be given to this question, the chairman, Miss Mona Wilson, kindly offered to present the views of trained nurses' organisations to the Commissioners, and I undertook to supply the information.

In reference to your statement that I was "asked to submit the names of any persons for inclusion by the next morning," such a suggestion was casually made, to which I replied that names could not be sent in without the consent of those nominated.

Moreover, it will be within your recollection

that the Commissioners, who invited nominations from trained nurses' organisations, when appointing the members of the Advisory Committee to the Joint Insurance Commissioners, entirely ignored their nominees.

Your intimation that Miss Amy Hughes, General Superintendent of Queen Victoria's Jubilee Institute for Nurses, has been placed upon the English Advisory Committee, and therefore "the Commission regret that they cannot see their way to include any further representatives of the nursing profession," does not affect the principle for which trained nurses' organisations are contending, that they should be accorded the privilege of direct representation enjoyed by industrial women workers through their trades unions, and by professional women through their organisations.

It will be realised that no official of a charitable institution which employs nurses can represent the workers. Therefore the class of women, which will have to perform the greater part of the very arduous work for the sick poor under the Insurance Act, will be the only one denied independent representation on the Advisory Committees.

Until receiving your letter we hoped that the trained nurses' organisations had been omitted by inadvertence. We must now regretfully conclude that the Commissioners have deliberately excluded them.

Denied direct representation on the Advisory Committees under the National Insurance Act, it will be the duty of the nursing profession to closely watch the standard of nursing, and the remuneration of the nurses, supplied under the Act to the insured sick, in order that their educational standards, and economic remuneration may not be depreciated through a supply of cheap and inefficient contract nursing, or the insured sick deprived of the skilled nursing to which they will consider themselves entitled by compulsory payment; and it is probable that steps will be taken to form a Union of Nurses with the object of safeguarding the interests concerned.

As this matter is of great public importance, I propose to publish our correspondence.

I am, Sir,

Your obedient servant,

ETHEL G. FENWICK, *President.*

To the Chairman,

National Insurance Commission.

National Health Insurance Commission (England),  
Buckingham Gate, London, S.W.

May 16th, 1912.

SIR,—I am directed by the National Health Insurance Commission (England) to acknowledge the receipt of your letter of May 10th, in regard to the representation of the nursing profession upon the Advisory Committee appointed by the Commission. The Commission carefully considered the important question of obtaining the services upon their Advisory Committee of Nurses specially

qualified to advise upon the practical problems which will arise in the administration of the National Insurance Act, and from various names suggested to them chose three ladies of wide practical experience, viz.: Miss M. Hardman, Superintendent, Leicester District Nursing Association; Miss A. Hughes, Queen Victoria's Jubilee Institute for Nurses; Miss A. Michie, Superintendent, Worcester City and County Nursing Association—all of whom have consented to serve upon the Committee.

Since they have been fortunate in obtaining the advice of Nurses who possess an intimate knowledge of the conditions and requirements of nursing work in country districts, in towns, and in London, the Commission are unable to agree with your statement that "the class of women which will have to perform the greater part of the very arduous work for the sick poor under the Insurance Act will be the only one denied independent representation upon the Advisory Committee." The Commission are perfectly satisfied that these ladies are thoroughly qualified to advise upon questions affecting their profession.

I am further directed to point out that the great variety of interests specially affected by the Insurance Act makes it impossible to include a large number of representatives of each upon the Advisory Committee. The inclusion of no less than three Nurses is a recognition of the particular importance of the problems on which their advice will be needed. In addition, the Commission have obtained the services of two Midwives, as members of the Advisory Committee, viz.: Mrs. Bedingfield, Miss Alice Gregory, both of the Incorporated Midwives' Institute, whose knowledge will also be valuable in this connection, since Midwives will also have to perform "arduous work for the sick poor under the Insurance Act."

In requesting nominations from the important Nursing Associations of the country, the Commission took care to point out that they did not desire to work out a scheme of numerically proportional representation of different interests, but to secure that the advice given in regard to draft regulations should be thoroughly well informed. They see no reason for doubting that the Nurses and Midwives, above-named, who have promised their services, will be in any way incapable of advising correctly as to the "standard of nursing and the remuneration of nurses."

I am,

Yours obediently,  
L. G. BROCK.

The National Council of Trained Nurses of Great Britain and Ireland.

431, Oxford Street, London, W.

May 18th, 1912.

SIR,—I beg to acknowledge your letter of May 16th, on behalf of the National Health Insurance Commission (England), and find no argument therein contained which controverts our contention that the nursing profession has been excluded from direct representation, through its organi-

sations, upon the Advisory Committees appointed under the Insurance Act—an exclusion the more marked because the privilege has been accorded to the medical profession, through the British Medical Association and the Association of Registered Medical Women; and to the midwives, through the Incorporated Midwives' Institute, with whom we shall be associated in carrying out the provisions of the Act.

However admirable in their official capacity the three Superintendents of the Queen Victoria's Jubilee Institute may be, they cannot claim, neither are they at liberty, to represent the opinions and interests of the nursing profession at large, or its organisations, of which they are not members. Thus the fact remains that while granting representation to every class of industrial and professional women workers through their trades unions, and associations, the Commissioners have excluded trained nurses from such power and privilege as this representation confers.

That the Commissioners do not agree with my statement that "the class of women which will have to perform the greater part of the very arduous work for the sick poor under the Insurance Act, will be the only one denied independent representation upon the Advisory Committees" does not alter the fact that the unjust discrimination of the Commissioners against it places the nursing profession in this position; and its justifiable contention is that it should have power to advise the Commissioners concerning "the standard of nursing and the remuneration of nurses" under the Act, for the same reasons that the medical profession and the midwives claimed, and have been granted, this power; to provide for the efficient care of the insured sick, and the protection of the worker from unjust and injurious conditions of labour.

I am, Sir,

Your obedient Servant,  
ETHEL G. FENWICK, *President*.

To the Chairman,  
National Health Insurance Commission.

P.S.—May I be permitted to state that I am not a "Sir," as addressed by "L. G. Brock," nor a "Miss," as inscribed on the envelope containing the letter from the National Health Insurance Commission (England)!

## OUR PRIZE COMPETITION.

We regret that none of the answers in our prize competition this week in our opinion merit the award of a prize. This is the more disappointing as the question concerns the practical work of nurses—the daily service of food in the wards in an appetising form, with the details of which all nurses should be familiar.

### QUESTION FOR NEXT WEEK.

What is the right method of nasal feeding?



## PRACTICAL POINTS.

Hospital  
Equipment.

Miss M. E. McCalmont, a trained nurse who is specialising as a hospital specialist and consultant in the United States, has a wonderfully interesting article on "Hospital Equipment" in the current issue of *The Canadian Nurse*, in which she points out that the question of hospital equipment is also a question of hospital economy. That to have simple but adequate equipment means less labour, less confusion, and less waste. To have a standardised equipment means a considerable saving in the initial and subsequent cost. Miss McCalmont advocates the formation of a committee on equipment, including without fail the Superintendent and Superintendent of Nurses. Then, she considers that they should select the most desirable articles of furniture from trade catalogues, the doctors being consulted upon such articles as they are directly interested in. The illustrations decided upon should be cut out and pasted into a book (with the necessary information) to be kept on file in the Superintendent's office, and known as the future standard of furniture for the hospital. Any person desirous of furnishing a ward, or part of a ward, should be referred to the Superintendent's special catalogue. If all equipment were purchased or donated accordingly it would only be a few years before the hospital would find itself furnished with uniform modern equipment.

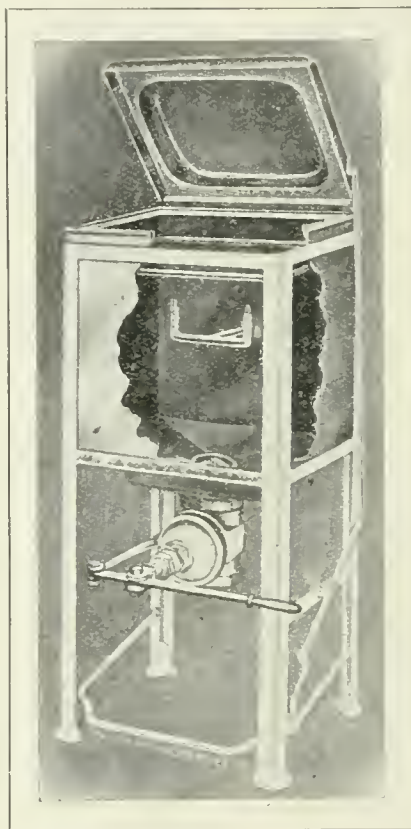
The article gives a number of illustrations of desirable furniture. A table for the use of two patients with a division down the middle, giving each patient his undisturbed section, a medicine cupboard with a side compartment designed for poisons, of which the head nurse only has the key, &c.

We reproduce Fig. V., which shows a good model of a bed-pan and fecal steriliser for typhoid cases. It sterilises the contents of the pan in the steam chamber underneath the sterilising chamber, as well as thoroughly washing and sterilising the pan. It is adaptable to the washing, and sterilising of urinals as well.

Disinfection of  
the Mouth.

A correspondent writes:—As a layman who has unfortunately been obliged to remain for long periods under the care of doctors and nurses, I was very much struck by the following passage which I came across in a recent book on disinfection. The author, who is discussing the antiseptic precautions to be taken by surgeons and nurses previous to an operation, writes: "Very little attention is usually paid to the cleansing of the mouth, yet when it is remembered that the saliva contains a larger number of micro-organisms than the worst sewage, that streptococci and staphylococci are amongst the most numerous of these, and that they are proved to pass into the air in loud talking or coughing, it would appear worth the surgeon's while to take into account a cavity which comes so near the operation wound." He goes on to state that direct experiment proves that five minutes' gargling with chlorine water, 2 per cent. solution of permanganate of potash, or 1 per cent. izar will reduce the number of organisms in the saliva for more than an hour to something like 6 per cent. of their original number.

It occurs to me that the Medical Officers and Nurses of fever hospitals who pass from one kind of infectious case to another might also practice oral disinfection with advantage. One hears of elaborate precautions to prevent mixed infections, and the cleansing of the mouth of the patient's attendants would seem to be a necessary feature of the scheme.



BED-PAN AND FECAL STERILISER.

Another Method  
of Removal of  
Adhesive Plaster.

E. J. G. Beardsley, *Journal of the American Medical Association*, mentions the difficulty often experienced and the pain and discomfort to the patient, in the removal of adhesive plaster, especially over hairy parts. He accidentally discovered that oil of wintergreen, applied directly to the plaster, spreads throughout the adhesive material and causes it to come away readily and painlessly. When extensive areas are to be removed the application of an ointment of adepslanæ hydrosus, with 10 per cent. of oil of wintergreen incorporated, is even more useful than the oil alone.

## THE FEVER NURSES' ASSOCIATION.

The Annual meeting of the Fever Nurses' Association was held on Tuesday afternoon at the offices of the Metropolitan Asylums Board, E.C. The outgoing president (Dr. Pearson, of the Seacroft Hospital, Leeds), after saying that the year had been one of continued progress, resigned the chair to Dr. Foord Caiger, president-elect, who, he said, needed no introduction.

### THE PRESIDENT'S ADDRESS.

Dr. Caiger, who was warmly received, then delivered his presidential address. He said that the total membership of the association was now 1,725, not a bad record considering that the organisation had only been in existence just over three years. The support received from isolation hospitals of the large provincial towns had been a source of no small gratification. Dr. Caiger referred to the loss the association has sustained by the death of Dr. Carmelo D'Amico, of the King's Norton Isolation Hospital, recently incorporated in the Birmingham Municipality, one of the foremost in the endeavour to develop the efficiency of the isolation hospitals. In the successful accomplishment of this object in his own hospital he overtaxed the resources of a constitution always fragile, and died at his post, a victim, if ever there was one, to unselfish devotion to duty.

The president stated that an important step in the educational development of the association marked the annual meeting that day. The period of grace during which nurses have been enabled to obtain the association's certificate on the strength of a minimum service of two years in a fever hospital of sufficient size, backed by an attestation by the Matron of satisfactory work and conduct expired. Henceforth the certificate of the association and consequent admission to the register will only be obtainable after a candidate has completed her fever training under a prescribed curriculum, and passed an examination controlled by the association.

Although the examination has, so far, not been compulsory, seventy-two nurses chose voluntarily to present themselves at the October and April examinations, a fact which, as evidence of professional keenness, was eminently satisfactory and augurs well for the future.

The President referred to the recommendation in the Council's Report that the certificates of the Local Government Board of Scotland and of the Metropolitan Asylums Board should qualify for admission to the Register of the Association, and pointed out that the recommendation was an important one involving a question of policy. He looked forward to greater co-operation between general and special hospitals, and reciprocal training as the solution of the question of the nursing of infectious hospitals when State Registration of Nurses comes into force. (We hope to refer again to Dr. Caiger's wise words on this subject.)

The adoption of the Report was then moved by Dr. Goodall, seconded by Miss Drakard, and carried. The report in a reference to the Nurses' Registration Bill, stated: "As was to be expected from the pressure of official legislation in the House of Commons, no definite headway has been made with this Bill. In the opinion of your Council the State Registration of Nurses is essentially a Governmental question and it is to be hoped that this will be eventually recognized."

It was reported that an invitation to send a fraternal delegate to the Congress of the International Council of Nurses at Cologne had been received and Miss E. M. Bann appointed.

The following officers have been appointed for the ensuing year: *President and Hon. Treasurer*, Dr. F. Foord Caiger; *Chairman of Council*, Dr. J. Biernacki; *Vice-Chairman*, Dr. H. E. Cuff; *Hon. Secretaries*, Dr. A. C. Ta'Bois and Miss L. H. Morgan. Dr. A. E. Pearson has been elected a Vice-President, and Miss B. Scott remains Hon. Registrar. The Financial Report showed a very satisfactory balance in hand.

The meeting on the motion of Dr. Goodall adopted the recommendation of the Council to accept the certificates above mentioned.

The following were appointed to the Council for the ensuing year in place of retiring members: Dr. J. Robertson, Dr. F. M. Turner, Dr. J. W. K. Mullen, Dr. Broad, Dr. P. N. Randall, Dr. Love, Miss L. Ellis, Miss Eardley, Miss M. M. Lloyd, Miss Pratchett, Mrs. Rowan, Miss Wilson, and Miss MacCormac. Hearty votes of thanks were passed to Dr. Biernacki for his services as Medical Hon. Secretary, to the Metropolitan Asylums Board for the use of the room, and to Dr. Caiger for presiding.

## THE ASYLUM WORKERS' ASSOCIATION.

As we go to press the Asylum Workers' Association is holding its annual meeting at 11, Chandos Street, Cavendish Square, W. The Association now numbers 5,275 members, and the aggregate increase in the strength of the Association has been 584. The report states that the retiring President, Sir William Collins drew up an Amending Bill to the Asylum Officers' Superannuation Act of 1909 to correct the anomalies and objectionable features which found their way into the Act during its passage through Parliament, in the hope that its moderate demands would commend it to the judgment of the House of Commons, even if the larger scheme, based upon the Report of the Select Committee on Viscount Wolmer's Bill was not accepted. The Bill was introduced by Sir Charles N. Nicholson, and influentially backed.

The resignation of the President, Sir William J. Collins, M.D., who has held this position since 1907, has caused widespread regret. Sir William was strongly of opinion that the President should be a Member of Parliament, and, owing to his good offices, Sir John Jardine, M.P., K.C.I.E., LL.D., has consented to nomination as his successor.



## APPOINTMENTS.

### MATRON.

**General Hospital, Hereford.**—Miss P. A. Blake has been appointed Matron. She was trained at St. Thomas' Hospital, London, where she has held the position of Night Superintendent, Sister, and Housekeeping Sister.

**Children's Hospital, Sheffield.**—Miss M. Hollis has been appointed Matron. She was trained at the Royal Hospital, Sheffield, where she has held the position of Ward Sister and Theatre Sister, and at Queen Charlotte's Hospital, London. She has taken Matron's holiday duty in the former institution, and is a certified midwife.

**City of London Mental Hospital, Dartford.**—Miss Annie Louise Williams has been appointed Matron. She was trained at the Royal Infirmary, Glasgow, and has held the position of Assistant Matron at the County Asylum, Rainhill, and at the Royal Asylum, Gartnavel, Glasgow. She has also had experience of private nursing in connection with the Glasgow Co-operation of Trained Nurses.

### ASSISTANT MATRON.

**Queen Victoria Royal Infirmary, Preston, Lancs.**—Miss H. Pritchard has been appointed Assistant Matron. She was trained at Northampton General Hospital, where she was Sister of Surgical and Gynaecological Wards, and has also been Night Sister at Bradford Royal Infirmary.

### SISTER-IN-CHARGE.

**Forest Hospital, Buckhurst Hill, Essex.**—Miss M. Slater has been appointed Sister-in-Charge. She was trained at the Gravesend Hospital. She has also held the following positions: Sister at the Gravesend Hospital, Charge Nurse at the Royal National Hospital, Ventnor, and Matron of a Medical and Surgical Home at Buckhurst Hill.

**Langstone Hospital, Portsmouth.**—Miss Hilda F. Starbrick has been appointed Sister-in-Charge. She was trained at the David Lewis Northern Hospital, Liverpool.

### SISTER.

**The Royal Eye and Ear Hospital, Bradford.**—Miss G. M. Hooper has been appointed Sister in the Children's Ward and Out-patient Department. She was trained at the Bolton Infirmary and has held the position of Staff Nurse at the Women's and Children's Hospital, Leeds.

### NIGHT SISTER.

**Memorial Hospital, Buluwayo.**—Miss Alice Lister has been appointed Night Sister. She was trained at the Royal Albert Edward Infirmary, Wigan; and has held the position of Staff Nurse at the National Hospital, Queen Square, Bloomsbury; she has also held the post of Massage and Electrical Sister at the Royal Infirmary, Derby; and has had experience of private nursing.

### SUPERINTENDENT NURSE.

**Union Infirmary Coventry.**—Miss F. Hood has been appointed Superintendent Nurse. She was trained at the Royal Infirmary, Manchester,

where she has done both day and night sister's duties. She has held the position of Staff Nurse at Rawcliffe Hospital, Chorley; and of Charge Nurse at the Union Infirmary, Kingston-on-Hull. She has had experience in private nursing and is a certified midwife.

### CHARGE NURSE.

**Isolation Hospital, Smithy Bridge, Rochdale.**—Miss Ellen Knight has been appointed Charge Nurse. She was trained at the Isolation Hospital, Nottingham, and has had experience at the Isolation Hospital, Norwich, and as Charge Nurse at the Isolation Hospital, Macclesfield.

**Burghmuir Fever Hospital, Perth.**—Miss Bessie F. Robertson has been appointed Charge Nurse. She was trained at the Royal Infirmary, Dundee, and at the Leith Fever Hospital.

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following ladies have received provisional appointments as Staff Nurse: Miss M. Williams, Miss M. D. Cashmore.

*Transfers to Stations Abroad.*—Sisters: Miss L. Belcher, to Gibraltar, from Curragh. Staff Nurses: Miss M. Willes, to South Africa, from Aldershot.

*Promotions.*—The undermentioned Staff Nurses to be Sister: Miss M. S. Williams, Miss J. G. Dalton.

### QUEEN VICTORIA'S JUBILEE INSTITUTE.

*Transfers and Appointments.*—Miss Mary E. Bennett is appointed to Beccles as Senior Nurse, Miss Madeline Cockle to Three Towns, Miss Louise Foden to Shoreham, Miss Olive Howson to Hereford.

## PRESENTATIONS.

Miss M. G. Davies, who has resigned the position of Matron of the Carshalton Cottage Hospital, upon her approaching marriage, has been the recipient of charming gifts from the committee, consisting of a beautiful gold bracelet, and a lady's dressing-case with silver fittings—each article bearing the initials, "M. G. L.," engraved as a monogram. The president, in offering the gifts, said he wished to express the committee's warm appreciation of the manner in which Miss Davies had carried out her duties during the three-and-half years she had been Matron of the hospital.

At a meeting of the District Nursing Association and Londonderry Hospital, a presentation of a handsome plate tea service, a dozen tea-spoons, sugar tongs, and china tea-service was made to Nurse J. M. Hughes, Rhosygarreg, on her leaving the service of the Association, and to mark the occasion of her marriage. The president of the Association made the presentation, on behalf of the members of the Committee, and spoke eulogistically of the services rendered by Nurse Hughes, and wished her every happiness, a sentiment shared by many friends and well-wishers.



## NURSING ECHOES.

During their recent visit to Aldershot the King and Queen visited the hospitals. At the Connaught they were received by Surgeon-General W. G. Robinson, the medical staff, and Miss T. G. Willetts, the Matron; at the Louise Margaret, by the medical staff and Miss E. M. Beesby, Lady Superintendent; and at the Cambridge by the Deputy-Director of Medical Services, the medical staff, and Miss H. W. Reid, Matron. At Louise Margaret Hospital the Queen visited every bed—30 beds being occupied by maternity cases—and admired all the babies presented by their proud mothers and nurses.

Princess Henry of Battenberg will be present at the annual meeting of the Colonial Nursing Association, to be held at Devonshire House on Thursday, June 13th, at 3.30. Lord Amptill will preside, and the Secretary for the Colonies will speak.

A conference of representatives of County Nursing Associations affiliated to Queen Victoria's Jubilee Institute for Nurses has approved the proposal that a joint standing committee, consisting of one representative from each of the affiliated County Nursing Associations, should be formed as a committee of the Council of the Institute.

The Education Committee of the London County Council have given their consent to a proposal that four school nurses in the Public Health Department shall be employed in inspecting common lodging-houses occupied by women and licensed by the Council. The Public Health Committee, who first had the matter under consideration, expressed the opinion that the best method of carrying out the inspection would be to employ school nurses. All the lodging-houses affected could be visited monthly if one nurse were employed on one night a week for the purpose, and the inspections could be so arranged that there would be no interference with the ordinary daily work of the nurse. Four nurses, who have already indicated their willingness to undertake the duty, will be employed in rotation. The arrangement is to be experimental, and at the end of three months the scheme will be reviewed in the light of the experience gained.

A serious accident, which might easily have had fatal results, occurred at the Mold Cottage Hospital last week, resulting in the serious injury of the Matron, Sister Pitt. Sister Pitt

was replenishing the spirit lamp of a bronchitis kettle with methylated spirit, under the impression that the flame was extinguished, when the spirit caught alight, with the result that the Matron was seriously burnt about the head and face, and fainted. The curtains and clothing of the patient in the adjoining bed also became ignited. Fortunately one of the surgeons to the hospital, Dr. K. V. Trubshaw, was in the next ward, and with assistance succeeded in extinguishing the flames. The Matron, though prostrated by the shock, is happily progressing favourably.

The Army and Navy Male Nurses' Co-operation has again supplied the British Red Crescent Society with nurses for their mission organised for the purpose of joining the field hospital which has already been despatched to the Tripolitan Hinterland.

A special appeal for funds is being made by the Duchess of Connaught to augment the fund raised by Lady Minto in 1902 for the Victorian Order of Nurses. The need for nurses and for cottage hospitals all over Canada is a very urgent one, and with the ever-increasing growth of the country the demands for nurses get more pressing every day. The Victorian Order has been doing all that was possible with the means at its disposal, and the increase in their work is really remarkable. In 1898, the first year, there were sixteen nurses, 673 patients, and 8,080 visits were paid. In 1911 there were 191 nurses, 19,922 patients, and 162,373 visits were paid.

These facts alone show how great the need is, and it is to enable this work to be further developed and its scope enlarged that the Duchess has decided to make this appeal to all the people of Canada. It is hoped to raise \$500,000, the interest from which sum, carefully invested, would enable the Order to extend its good work to the small towns and scattered districts, where at present the sick and suffering are often entirely uncared for.

The Auckland Hospital, New Zealand, appears to have a very wise committee, as in their progressive building policy the Nurses' Home extension had the first place, and it was recently opened by Her Excellency Lady Islington, who presented the medals to the nurses, given by the Board to create a healthy emulation during the period of training. Miss Cumming, one of the prize winners, also took first the first three places in order of merit were held place at the State examination for the whole of New Zealand. In the recent State examination

by Auckland trained nurses; this is a unique record for any hospital in State hospital examinations.

Lady Islington, in making the presentations, congratulated the recipients, who, she said, had brought honour to the hospital and to the town of Auckland. She said examinations had been won during the leisure hours, and one had only to visit the hospital to learn what that meant. She did not think they could applaud or admire the nurses too much, and, as a resident of Auckland, if only for a few months of the year, she felt a glow of pride in their achievement. Nurses who could take such high honours in these examinations, and at the same time be, as they had been satisfactory and tender nurses of the sick, were likely to prove a blessing to, and go far in, that noble profession which they had chosen. Her Excellency said she wished she had the power to act as a host of fairy god-mothers at the opening of the Nurses' Home, and endow it with an atmosphere of rest and peace, so that for all entering it feelings of care should pass away. She felt that she wanted superhuman eloquence to be able to express her admiration for hospital nurses, for to voluntarily face the sad and distressing in life, and to try and mitigate it, was surely the most Christian and angelic instinct of human kind. She never visited a hospital without being struck with the cheerfulness of the patients, who were only reflecting the unselfishness and loving care of their nurses.

Known as the "Iron Aunt," because she received the Iron Cross for gallantry in the field after the 1866 and 1870 campaigns, the oldest German nursing sister, Amalie Levy, has just died, aged seventy-seven, and has been buried at Frankfort-on-Main with full military honours.

## THE (BIENNIAL) HEALTH CONFERENCE AND EXHIBITION.

A tremendous amount of experience and energy is being expended in the organisation of the Health Conference and Exhibition, to be held at the Horticultural Hall, Westminster, from June 24th to 27th, of which a preliminary programme appeared in this journal recently, and great success is apparently to be the result. Admission will be free to all public workers and others interested in health questions who apply for tickets before the opening day to Miss R. V. Gill, 35, Ludgate Hill, E.C., and as the railways have agreed to give cheap tickets, vouchers can also be procured from her. A stamp should be sent for reply.

## REFLECTIONS.

### FROM A BOARD ROOM MIRROR.

Towards the Middlesex Memorial to King Edward £4,592 has been raised, and it has been decided to place a bust of the late King in the new Guildhall, when built, at Westminster, and to apply the interest on the balance of the fund to send Middlesex poor sick children to convalescent homes.

The Chelsea Hospital for Women has received from the Misses Wheeler three cheques of £100 each towards the Rebuilding Fund.

The committee for the removal of King's College Hospital to Denmark Hill have received the sum of £2,000 from Messrs. W. H. Smith & Son, in aid of that object.

Mr. H. Spencer Johnson, Assistant Secretary, has been appointed Secretary of the City of London Lying-in Hospital, E.C. A resolution has been adopted recognising Mr. R. A. Outhwaite's services as secretary for over forty years.

The King and Queen will visit Bristol to open the King Edward VII Memorial Infirmary on June 28th. The memorial will cost £70,000.

The President of the Bristol General Hospital (Mr. Joseph Storrs Fry) and committee acknowledge with much gratitude the receipt of a very generous donation of £1,000 from Sir Gilbert A. H. Wills, Bart., towards the special fund for the enlargement of the institution. This makes the total received £44,350, and leaves a balance of £650 to complete the original £45,000 required. Estate duty, amounting to £1,475 has, unfortunately, however, had to be paid. The committee hope that friends of the hospital will generously help them with the balance of £2,000 required to complete the fund.

Lady Wantage opened at Reading last week the new building of the Royal Berkshire Hospital, and the new children's ward which is the county memorial to the late King, and has cost £6,000.

The London Homœopathic Hospital has received a promise of £500 from Mr. Edwin Tate towards the fund for the extension of the Homœopathic Convalescent Home at Eastbourne for the reception of men patients as well as for women and children as at present. It is estimated that about £3,000 will be required and the Right Hon. the Earl of Dysart has promised £100 if the balance of only £300 still required is donated or promised so that the home can be extended before the coming summer. Donations should be sent to the Secretary, Mr. Edward A. Attwood, London Homœopathic Hospital, Great Ormond Street, London, W.C.

The Home Hospital in Leicester superintended by Miss E. Pell Smith has a high reputation, and just now, as will be found in our advertisement columns, there are vacancies for staff nurses. These posts afford good experience for nurses contemplating private nursing.

## LEGAL MATTERS.

### BEGGING "NURSE."

A benevolent-looking woman, attired in nurse's uniform, and giving the name of Elizabeth Ann Holgate, was, before the Halifax magistrates last week, charged with begging.

She was shown to have gone from house to house obtaining gifts on the representation that she was a nurse at St. Jude's, and that she wanted money for her tram fare to and from Hebden Bridge. Her claim to be associated with St. Jude's was false.

There were several previous convictions against her, for other offences than begging, and the magistrates sentenced her to one month's hard labour.

No doubt another impostor.

### KNITTED CORSETS.

We have pleasure in drawing the attention of nurses to the knitted and other corsets supplied by the Knitted and Boneless Corset Co., 118, Mansfield Road, Nottingham. Many nurses and midwives find that from the nature of their work the bones of their corsets are particularly apt to break, when they speedily become shapeless. The purses of few probationers or nurses in institutions admit of the purchase of corsets boned with whalebone, which is really long enduring, and we commend to their attention those of the Knitted Corset Co., which are remarkably reasonable in price, the knitted ones costing only 6s. Our readers should write for a free illustrated list, mentioning this JOURNAL.

### BARGAINS IN BOOKS.

We have received from Messrs. W. & G. Foyle, the well-known booksellers, a copy of their catalogue, No. 19, of Surplus Copies of New Books, which are to be sold at bargain prices. In glancing through the catalogue there are many tempting offers, and some of the very best novels can be procured for 1s. The thing to do would be to pay a visit to 135, Charing Cross Road, W.C., or write for catalogues of the class of literature required. Messrs. Foyle also give the best prices for the books they require.

## OUR FOREIGN LETTER.

### FROM PEKING.

Writing from Peking a married nurse gives an interesting account as an eye-witness of the recent Revolution there. She begins by saying: "In any time of excitement, when home people feel anxious, we tell them to read the *Times* and trust to Dr.

Morrison's news. He is such a straight, sound man, and knows better the political position than anyone in Peking—ministers not excepted. We were under the impression that Peking was going to be let off in the 'general post' of establishing the Republic, and we were all taken by surprise when the troops mutinied and Peking burst into flames all round Legation Quarter, and shooting went on all night. We were dining at the Belgian Legation that night, and we all went up on the roof, and after dinner on the Big Wall to watch the fires. We did not know at the time that every shot we heard was not doing deadly work. Next day we found that the soldiers had only killed people who resisted, otherwise the shooting was more or less in the air. The language students, mounted infantry, and any volunteers who knew the city were sent out to bring in the missionary women and children. It was a weird sight to see mounted Tommies heading a stream of missionary ladies with babies in perambulators and some of the children carried by the soldiers, the bedding carried by the husbands and Tommies, broad moonlight, and everything lit up by the big fires. Funnily enough, no one was shot, though the bullets whizzed all round them.

"For a week the Legation looked like a Bank Holiday in Hyde Park. The Germans and Americans whose duty it is to guard the Big Wall had big guns, Maxims, wire entanglements, search lights, and all sorts of excitements up on the wall. The looters knew that most of the treasure of Peking was removed to the Legation Quarter, and they owned that only the fear of the guns and searchlight had kept them from making raids here. It is really awful to see the damage they have done, and there is absolutely nothing to prevent their doing it again whenever they think they have reason for complaint.

"This time it was the alteration of the calendar from lunar to solar months, thereby depriving them of one month's pay. When the soldiers had gone off on commandeered trains, with their loot, the mob began looting. Then the police who had all run away, came out and chopped heads off by the score. I did not go out those days, but most people did, and they said (and one can judge from the photographs taken) that the streets were a perfect shambles. Things are quieter now. The refugees have gone back to their compounds, where some of our men are on guard all night and day, but no women or children are allowed to go back to out-stations yet. Things are really more hopeless than ever. The Republic has no funds, and therefore cannot put things in order, and the Powers won't lend money till the place is in better order, or till the Chinese will guarantee that the security demanded by the Powers will hold good in case of change of Government. I don't think anybody would be surprised if there were another bust up. The Chinks are all mortally afraid of foreigners, though when they get them away in the country, or where they couldn't be found out, they would kill them at once.



## OUTSIDE THE GATES.

## WOMEN.

The following is the text of the Memorial influentially signed on behalf of the Young Women's Christian Association, and which has been forwarded to the Home Secretary and the leaders of the various Parties :—

"The undersigned, in the name of the British National Council of the Young Women's Christian Association, having a membership of 90,000 to 100,000, have the honour to address you on a matter which vitally affects the young women of Great Britain and Ireland. The association is non-political, non-party, and concerns itself alone with the social and spiritual welfare of the young women of our country, of all denominations and churches, as well as those belonging to no church at all.

"In the name of this association, we respectfully and most urgently petition that the Criminal Law Amendment Bill be adopted immediately as a Government measure.

"We view with the deepest concern the continual blocking of this Bill, which has already received the approval of the Home Office, and which would, if passed into law, safeguard not only the young women, but also the young men of our country, from many of the grave moral perils that surround them.

"The need of such a Bill is deeply felt by all who are working in the Young Women's Christian Association. Hitherto, we have remained silent, hoping against hope that Mr. Samuel's statement to the deputation which waited upon him on March 30th, 1909—a deputation in which we had no share—meant that the Government intended to make facilities for the measure. Three years have passed, and the Bill has not yet been allowed a second reading.

"We earnestly petition that it be now adopted as a Government measure, and venture to urge that two clauses be added: (a) To raise the age of consent to eighteen; (b) to abolish the clause in the Criminal Law Amendment Act of 1885, which enables the guilty party to evade punishment, should he be able to show that he had 'reasonable cause' to suppose the girl to be over the age of consent."

The Executive Committee of the National Union of Women Workers are sending copies of the following resolution on the same question to the Prime Minister and the Home Secretary :—

"That the Executive Committee of the National Union of Women Workers earnestly hopes that the Government will adopt, as a Government measure, the Criminal Law Amendment (White Slave Traffic) Bill, which has been already approved by the Home Office, and thus ensure its passing into law this Session."

If Nurses can do anything to influence Members of Parliament on this question, we hope they will not omit to write to them concerning it.

Mrs. Charles Perrin, President of the Society of Women Journalists, is giving a reception to the members at the Westminster Palace Hotel, on May 30th, which is sure to be a delightful gathering. Mrs. A. Llewellyn Roberts has been elected Hon. Secretary upon the retirement of Mrs. Willoughby Hodgson, whose work and charming personality added greatly to its popularity and prestige.

## BOOK OF THE WEEK.

## HERITAGE.\*

Miss Hawtrey has given us a story which may almost be said to be original, and that is saying a good deal. It is certainly interesting and will please a varied class of readers.

Martin Pomblett, of Pomblett's Court, is the son of Nathaniel Pomblett, who had been a great man in his day; a man of dominating qualities, much loved, much hated, but never ignored. The first chapter tells of the old man's death and Martin's determination, misogynist as he is, to make his cousin Cyril his heir. His own mother had left his father, whom he adored, in his infancy, because of his violent and ungovernable temper.

"If you do all this for Cyril," objected his Uncle John, "you practically bind yourself not to marry. I know your views on matrimony, but isn't it rash to—"

"I know what I am doing," said Martin sullenly.

So young Cyril is established as the heir of Pomblett Court, and for a while it seems as though the cousins were well suited to each other, and indeed there appears to be a real affection between them. Martin's violent and overbearing temper, however, is the cause of many a quarrel, and Cyril hurt and wounded, would disappear from the scene for a while. During one of these absences Martin resolves on the vindictive plan of marrying in order to spite his cousin, and in three weeks he wooed and married a girl who was before perfectly unknown to him.

This period is excellently written, and Catherine herself is a creation.

"He was thinking, coherently, dispassionately, considering her as he might consider a picture he was going to buy. It surprised him to realise that she would be quite in keeping with the surroundings in which he wished to place her. What was it in her appearance that made her uncommon? She was plain and inclined to be fat. 'As she advances into middle life,' he thought again, 'she will probably get fat. She will grow into a portly woman, but I think she will get an appearance of a sixteenth century chatelaine.' And he approved of her, too, as the future mother of his son."

And so he invades her happy home and demands her in imperious fashion from her guardians.

"How do we know," they ask, "that you will make her happy? Do you remember that you spoke to her for the first time yesterday?"

He said with quiet conviction, "I know all about her."

As he spoke he caught sight of Catherine herself in the garden quite close by. A gleam from the moon lit up her white dress.

He took up one of the candlesticks and went to the open window. "Catherine," he said gently.

Martin took her hand and held the candle so that the light fell on her face and fair hair. She

\*By Valentina Hawtrey. London: Constable & Co.

flushed crimson, and a shy radiance dawned in her eyes as she glanced up at him.

"Look at her," he said, still speaking gently. "Do you see now why I say I know all about her? Catherine, I have been telling them that I love you."

He raised her hand to his lips and kissed it.

Without doubt Martin was a most diabolical person; he was fulfilling merely the double purpose of spiting Cyril and possessing himself of a type of face that might have been drawn by Clouet Poor Catherine! However, she proves to be distinctly a person of character, and contrives for a time to be fairly happy in spite of the stiff brocades and brilliant silks and velvets that she is compelled to wear in order to sustain her rôle. Martin's son does not prove all that his father desired. He was too much like his Clouet mother, and on his reaching his majority his father conceives the idea of cutting off the entail and reinstating Cyril, or, rather, his son, as his heir.

It is inconceivable that a healthy-minded young man like Nat should tamely submit to his goodly heritage being given to another, or that such a man as even Martin was could be so altogether lost to justice and decency. Poor Catherine takes a short cut out of it all by dying. The conclusion of this book is its weakest part, but the story as a whole is full of interest, and of its many characters none are dull or commonplace.

H. H.

### COMING EVENTS.

May 24th.—Meeting of "Isa Stewart Memorial Fund Committee." Report from the Hon. Secretary, Mrs. Shuter, 431, Oxford Street, London, W. 5 p.m.

May 28th.—Trained Maternity Nurses' Association. Lecture on "Hæmorrhage" by Dr. L. Frazer-Nash. 33, Strand. 4 p.m.

May 30th.—The Midland Matrons' Association, Birmingham. Meeting: Miss Mollett will speak on the Trained Women Nurses' Friendly Society in the afternoon, and to Nurses at the General Hospital, Birmingham, in the evening.

May 30th.—Penal Meeting Central Midwives' Board, Caxton House. S.W. 2 p.m.

June 6th to 12th.—Nurses' Social Union, Health Conference and Exhibition, the Victoria Rooms, Clifton, Bristol. Nurses' Day, June 6th, 2 p.m.

June 7th.—Society for State Registration of Trained Nurses. Annual Meeting. Medical Society's Rooms, 11, Chandos Street, Cavendish Square. 4 p.m. Tea by kind invitation of Mrs. Walter Spencer, 2, Portland Place, W.

June 8th.—Irish Nurses' Association Meeting, Executive Committee, 34, St. Stephen's Green, Dublin, 8 p.m.

June 13th.—Colonial Nursing Association Annual Meeting. Devonshire House, W. 3.30 p.m. Lord Ampthill, G.C.I.E., will preside.

### LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

#### LITTLE CUCKOO FLOWER.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—May I suggest that the very powerful story of "Little Cuckoo Flower" shall be reprinted in pamphlet form and sold by the Vigilance Societies? I have been deeply impressed with it. It is difficult for men to realise how the horrible crime of the rape of little children outrages the maternal instincts of women. I do not wonder "the parson's wife" sympathised with Martha—I do also.

Yours sincerely,

HEALTH VISITOR.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—"Little Cuckoo Flower" is a charming story, but heartrending. One is glad she died. I suppose it is a true story. And to think that by a private Member raising his hat in the House of Commons and saying "I object," the Bill for raising the Age of Consent was blocked! (Is it really possible for that to be done? I read it in the *Common Cause*.) One wonders why any man responsible for the morality of the kingdom, as all legislators are, should object.

Yours sincerely,

A SCHOOL NURSE.

[Yes, poor little Cuckoo Flower lived and died as told in the story. No doubt the cruel indifference of the authorities aroused a desperate sense of indignation in the mind of her pure-minded and devoted mother. But alas! many little children are soiled and degraded who do not die, whose misery is hushed up; and these fearsome crimes will continue so long as the law provides no adequate punishment, and what punishment is permissible is so laxly enforced by men. One Member of Parliament by present custom can obstruct any Bill by the method as described. Thus a succession of Jacks-in-the-box have been prepared to pop up for years to object to the Nurses' Registration Bill—in the interest of their exploiters and the gradual depreciation of trained nursing. Just now a London Hospital Governor occupies the unenviable rôle of blocker, and when one realises that a profit of a pound a week per head on the labour of every nurse on his private nursing staff is made, of whom there are 270, his action is not quite so unreasonable from a financial point of view as might at first appear, though in our opinion it is cruel and unjustifiable.—ED.]

## STATE REGISTRATION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I was delighted to note at the recent Nursing Conference how unanimous amongst the nurses present was the feeling in favour of State Registration—and would like to thank Miss Kent, for her convincing paper, and you, for your able speech, in support. Nothing has so opened the eyes of the rank and file of nurses to their helpless position as workers, as their treatment all through under the Insurance Act. I grudge no class of woman worker representation on the Advisory Committee; but it is nothing short of a scandal that, whilst midwives' associations, with three months' training, have representation, trained nurses, with four years' training, have none! Then factory girls' and domestic servants' unions are accorded recognition. Why are our organisations excluded? There must be a reason, and a sinister one.

Yours truly,  
London, W. MARY C. SUMNER.

## NURSES' FOOD.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In "A Nurse's Life in Peace and War" by Miss Laurence, she refers to being "cruelly underfed" when in hospital twenty years ago. There may be more food nowadays, but in many hospitals the nurses still go hungry because of the quality and bad cooking and indifferent serving of the food. It is this mismanagement usually by nurses promoted to be Home Sisters and housekeepers who know little of domestic management, that is the reason for so much of the illness from which nurses suffer in hospitals. It is surely a poor policy upon the part of the management. I should propose that a member of the House Committee should daily take a meal with the nurses. I feel sure a rapid improvement would be the result.

Yours truly,  
FAR FROM DAINTY.

[Upwards of thirty years ago, when a probationer, a dinner we did not enjoy was boiled neck of beef—a sort of slab of meat served up in hot water sauce! One day a gentleman came round the table whilst we were dining off this delicacy, and leaning over our shoulder, said: "A very nice dinner—a very nice dinner indeed!" We peeped up smiling, and politely remarked, "Perhaps if you tasted it you might change your opinion." Never can we forget the blank amazement of that face, so close to our own. A paralysed moment, and then the hasty retreat of that black-coated figure! It was the chairman of the House Committee, of course unknown to a mere pro. We were chronically hungry, and we remember being invited to spend a half-day with the family of a senior surgeon, who, in presenting us to his family, said, "now not a word to Miss M— until she has had something to eat." Kind man, if he had only had the moral courage to address the House Committee on the matter

how much suffering he might have averted. The same system of semi-starvation was in force in other two hospitals of which we had personal experience. Things have greatly improved in this connection—never did we see more delicious looking cakes and tarts than in a hospital kitchen a few weeks ago, prepared for the nursing and medical staff—all a matter of good cooking.—ED.]

## WHAT IS TO BE DONE WITH BURNS?

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I have recently held the position of Out-patient Sister at a large hospital, where patients are constantly brought from the works and elsewhere, suffering from severe burns. These cases are very seldom admitted, as they are not very interesting, and are apt to smell in the ward. Surely nothing can be more terribly painful—and also a patient suffering in this way is apt to catch cold. Backwards and forwards they are made to come for dressings to the hospital very often—jolting in cabs, or dragging themselves along in pain and misery—and I have known several deaths result from such exposure. I think something ought to be done to save unnecessary suffering to these poor people. Some hospitals have a burn ward. Why not a burn nurse, to go the rounds?

Yours truly,  
C. F. T.

## REPLIES.

*District Nurse.*—Write to the Secretary of the Pharmaceutical Society, 17, Bloomsbury Square, W.C., and Miss Buchanan, Pharmaceutical Chemist, Gordon Hall, Gordon Square, W.C.

## OUR PRIZE COMPETITIONS FOR JUNE.

*June 1st.*—What is the right method of nasal feeding?

*June 8th.*—How do you care for clinical thermometers? Describe the various methods of taking a patient's temperature, and the way in which you would proceed in each case. What points would you impress on a new probationer in connection with the use of thermometers?

*June 15th.*—Mention the principal points to be considered in the general care of the operating room.

*June 22nd.*—What symptoms would lead you to suspect puerperal thrombosis of the lower extremities?

*June 29th.*—Describe the methods of applying (a) dry cupping, (b) wet cupping.

## TO PREVENT DISAPPOINTMENT.

Miss Mollett will be obliged if those who wish to join her party will let her know at the earliest date possible. There are only 12 vacancies left, and she cannot possibly extend the number of the party beyond 50.



# The Midwife.

## CENTRAL MIDWIVES' BOARD.

A meeting of the Central Midwives' Board was held at the Board Room, Caxton House, Westminster, on Thursday, May 16th, after the meeting of the Finance Committee, Sir Francis Champneys presiding. As the time is an unknown quantity, the Press waited with what patience they might, considering their many engagements; but their patience was strained to breaking point at 5.20 p.m., when the Board meeting at length took place, and the cut and dried Report of the Standing Committee then supplied to them only served to prove that the elimination of matters of interest may be reduced to a fine art.

A letter was received from Sir William Sinclair, thanking the Board for their resolution of thanks for his services, while a member of it. A letter was also read by the Secretary from the organisers of a National Conference, to be held in the Caxton Hall on June 4th, with the object of forming an Association for the Prevention of Infantile Mortality, and the promotion of the health of children under school age. In response to a request therein contained, Dr. Herman was appointed a delegate to the Conference.

### REPORT OF THE STANDING COMMITTEE.

A letter was considered from the Clerk of the London County Council, as to the construction of Rule E 25; and the Board decided to reply that, at the time when the Salvation Army Maternity Hospital at Hackney was under consideration, its opinion was that the medical supervision was sufficient to comply with the terms of that Rule.

Mr. Parker Young complained that he was not at the meeting of the Standing Committee, and could not understand the type-written report supplied to him.

The Chairman said he was entitled to have anything he wished explained to him.

A letter was considered from the Medical Superintendent of the Croydon Infirmary, as to the system adopted with regard to the practical training of midwives; and from a certified midwife, asking whether, in the case of trained nurses who are unable to leave their employment for longer than four weeks, their training may be compressed into that period. The request to reduce the period of practical training below three months was refused in each case.

A letter was considered from the Hon. Secretary of the Basingstoke and District Medical Society, Dr. Francis J. Worth, asking the Board to guarantee a fee of £2 2s., in cases where a member of the society is summoned in emergency, on the advice of a midwife; and saying that it had been decided that no member of the Society, which practically

includes all the medical practitioners in the neighbourhood, would go to the assistance of a midwife for a less sum. It was agreed to reply that the Board has no power to guarantee fees.

A letter was considered from a certified midwife, asking the Board's advice as to the payment of a fee claimed by a medical practitioner summoned on her advice. The Board decided to reply that a midwife, having advised that medical aid be summoned, has discharged her duty under the rules, and that it is no part of the Board's duty to give legal advice as to the recovery of fees by a medical practitioner.

The applications of six midwives, for the removal of their names from the Roll, were granted.

### APPLICATIONS FOR RECOGNITION.

The applications of Mr. George Augustus Roberts, F.R.C.S., and of Dr. Sidney Algernon Bontor, for recognition as teachers, were approved. The latter *pro hac vice*. The applications of the following medical practitioners for recognition under Rule C 1 (2), were approved: E. J. Chambers, Esq., M.R.C.S., Dr. S. McClure, and Dr. L. L. Westrope. The following midwives were also approved, under the same rule: Misses Jane Aitken, Annie Burton, and Elizabeth J. Tuite.

The application of the Secretary for an increase of salary was granted, to rise by annual increments of £50 to £800.

## THE MATERNITY NURSING ASSOCIATION

A largely-attended Drawing-room Meeting on behalf of the Maternity Nursing Association (63, Myddelton Square) was held on the 20th inst. at 1, Great Stanhope Street, the house of the Viscountess Clifden, who took the chair. In her opening remarks the Chairman gave a brief sketch of the work done by the Association in the neighbourhood of Clerkenwell, Finsbury, Holborn, Islington, &c. Last year nearly 1,000 cases were attended and the Association has now branch houses at Camden Town and Homerton, and about twenty-two nurses working for it. Miss Amy Hughes spoke warmly in favour of the work and of the good done, not only by the actual nursing but also by the influence of the nurse in the homes, raising the standard of life and encouraging the mothers to strive for cleanliness and healthiness in the surroundings for the infant.

Mr. F. E. Fremantle, County Medical Officer for Herts—spoke very strongly on the necessity of a thorough training for Midwives and congratulated the Association on this most successful part of their work.

Mrs. Florence Barclay, authoress of "The Rosary," in a charming address on the ideals of

home, made a very earnest appeal for the funds which greatly need more subscribers. A collection was made amounting to £38 and further donations and subscriptions will be gratefully received by the Hon. Treasurer: Miss Blunt, 5, Sussex Mansions, S.W.

## THE RURAL MIDWIVES' ASSOCIATION.

The Ninth Annual Meeting of the Rural Midwives' Association was held at 3, Grosvenor Place (by kind permission of Lady Esther Smith), Lord Aberdare presiding. The first speaker was Mr. Charles Bathurst, M.P., who spoke on the National Insurance Act, as it affects midwives. He pointed out, however, that there was some doubt as to whether the midwives of the Association would make any contributions. He noted that they received £20, in which case the employing committee would pay 5d. a week and the State 1d. The speaker also pointed out the permission given under the Act to adopt alternative benefits. He thought that nurses should belong to separate societies, and take advantage of this provision. Hospital nurses, at any rate, were usually provided with medical attendance, and some sick pay; and they might substitute provision for earlier superannuation, and pension. It was the general opinion in the House of Commons that nurses should take advantage of this provision.

Mr. Bathurst further mentioned that to be independent an Approved Society must have 5,000 members in one division of the kingdom. Wales had already protested to the Commissioners against this segregation, as the nurses in the four divisions of the United Kingdom would like a united society, for professional purposes.

He further mentioned that under Section 21 of the Act it is lawful for any Approved Society to grant subscriptions and donations for the support of district nurses. This would enable the societies which will have control of considerable sums of money to appoint nurses. He hoped that this Association, or, at any rate, the County Nursing Associations, would emphasise the importance of obtaining support from the Insurance Commissioners and Approved Societies. He reminded the meeting that on the Insurance Committees two of the members appointed by County Councils must be women, and he hoped that these two would be members of County Nursing Associations. He hoped also that pressure would be put on the Insurance Commissioners, that the representatives appointed by them should represent the nursing profession, especially its nursing branch; he believed the Commissioners were quite ready to yield.

He referred to the Trained Women Nurses' Friendly Society, for certificated nurses (more accurately for hospital nurses trained and in training), and to the Nurses' National Insurance Society, for all grades, especially those of the artisan class.

Dr. Christopher Addison, M.P., said that the effect of the amendment incorporated in Clause 18,

giving lying-in women the right of the attendance of a midwife, or medical practitioner, was that unless a woman selected a doctor or midwife she would not be eligible to receive the maternity benefit. This would no doubt lead to an increased demand for midwives in rural districts. Referring to the training of midwives, he pointed out that if all insured persons must be attended by a qualified doctor or midwife, there would be no room for pupils in hospitals, and proper arrangements must be made for the supply. He hoped the training of midwives would be subsidised by the State. The Board of Education was now giving grants to medical and other education, and why not for that of midwives?

The adoption of the report was moved by Mrs. Charles Hobhouse, seconded by Mrs. Murray Browne, supported by Mr. Fremantle, Medical Officer of Health for Hertfordshire, and carried. Mr. Fremantle referred to the "homely village woman" sent up to train for four months for the certificate of the Central Midwives Board—the flash-point of safety—she had to depend on the knowledge obtained in this short period to steer her through all the complications she encountered for the rest of her life. It might not be advisable to increase the length of training, but there certainly should be "refresher courses" for such midwives from time to time.

Other practical points were the great difficulty of persuading the homely woman to train, and consequently the young women must be secured who would make this work their main line. But if the work of midwifery was not to be incidental, as in the case of the homely woman, then the women trained as midwives must do sick nursing also, and practically it was found that rural work could not be done in compartments by specialists. But in this case further training was needed, in the care and feeding of infants, in school nursing, and health visiting. Thus both the number of the trained must be increased and the quality of the training raised.

Miss B. M. Broadwood, of the Cottage Benefit Nursing Association, said that the Society with which she was connected supervised both midwives and sick nurses. It was the great object of the Association to keep them well in hand and under control, and it succeeded very well in keeping them in order. She also asked whether, as the nurses practically paid for their training, which cost the Association £25 in each case, not in cash, but in taking a reduced salary during their term of service, the Association was exempt from insuring them. Dr. Addison replied that it was impossible to answer questions as to specific cases, but, speaking generally, paying pupils, studying for their own benefit, would not have to be insured, but any whose work was necessary to the work of the institution would be regarded as "employed."

It would indeed be ironical if the pseudo-trained and miserably-paid nurses of the Cottage Benefit Nursing Association were to be deprived of their benefits under the National Insurance Act.



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## EDITORIAL.

### TREATMENT CENTRES FOR SCHOOL CHILDREN.

One of the most important national problems at the present time is the provision of adequate medical treatment for elementary school children; for medical inspection without subsequent treatment is useless. It is therefore not surprising that the British Medical Association is actively interesting itself in this problem, and that a deputation from the Association was recently received by the Right Hon. J. A. Pease, M.P., President of the Board of Education, in reference to the medical inspection of the school children of London.

There appears to be two distinct schools of thought as to the best methods of dealing with the question, the one advocating the treatment of the children in the out-patient departments of hospitals, on terms arranged between the hospital committees and the local education authorities, and the other the establishment of School Clinics, or—as they are now called by the London County Council—Treatment Centres.

Sir Victor Horsley who, as reported by the *British Medical Journal*, introduced the above deputation, forcibly advocated the adoption of the latter method by the London County Council in connection with its scholars. The scheme of the British Medical Association, formulated in representative meeting, is that all schools in the metropolis shall be grouped, and that for each group of schools there shall be a School Clinic staffed by practitioners of the neighbourhood. The Association condemns the hospital scheme as involving, in the words of the Board of Education, "leakage, waste, confusion, and administrative chaos," to which the Association adds "medical inefficiency." It contends that the hospital scheme has been notoriously a failure, and that hospitals are not institu-

tions fitted to carry out the special treatment required by elementary school children, further that the hospitals are not prepared to undertake the work, only eight hospitals in London (and those within a small area) being at work at the present time. Additional points in favour of the clinics are that the Association's scheme would provide continuous treatment associated with a system of inspection; being situated close to the schools the clinics would naturally be visited by the school inspecting officer, so that inspection and treatment would go together.

In his reply, the President of the Board of Education said that the Board believed that the ideal was the establishment of clinics very much on the lines which some of the speakers had indicated, but reminded the deputation that the local education authority (*i.e.*, the London County Council) was responsible. While they were not perhaps going forward so rapidly as every one would like, progress was being made, and he could only say that he was anxious that the hospital system should not be a permanent system. The Board was doing its very utmost to establish by its influence those clinics which the British Medical Association looked forward to seeing established.

We entirely endorse the views so ably put forward by Sir Victor Horsley on behalf of the British Medical Association. Nurses cannot for one moment imagine that the outpatient departments of hospitals are suitable centres for the treatment of school children, and, now that the work is being organized, it is important organization should proceed on the best lines. Moreover the London County Council has its own highly efficient staff of school nurses, and to these nurses, closely in touch with the children and the problems affecting them, should be deputed the practical application of the prescribed treatment, if the best results are to be obtained.



## MEDICAL MATTERS.

### A NEW ANTI-TYPHOID SERUM.

It is reported by a contemporary that Professor Metchnikoff and Dr. Broughton Alcock have submitted to the Académie des Sciences, Paris, a new anti-typhoid serum. The serum is prepared from living bacilli, as in the case of preparations used for inoculation against rabies and smallpox. It was found that chimpanzees inoculated with this preparation acquire immunity from typhoid, and Professor Metchnikoff informed the Académie des Sciences that some months ago two persons who volunteered for the experiment were inoculated at the Pasteur Institute. The reaction of the serum was almost imperceptible, and since then 44 persons have been successfully inoculated. It is somewhat startling to learn that the first inoculation introduces no less than 500 million of typhoid bacilli into the human system, and the second, a week later, two or three times as many. The Professor claims that his method is simple and efficacious, and specially suitable as a preventive in time of manoeuvres when troops are concentrated in districts where typhoid fever is endemic.

The critics contend that the danger of inoculating a human organism with live bacilli has been abundantly demonstrated, and that it has further been proved that no animal which has been subjected to experiment can be infected with human typhoid, and that this applies in particular to chimpanzees. It is claimed further that Professor Vincent, who has a laboratory at the Val de Grace Military Hospital, and who has prepared an anti-typhoid serum, absolutely innocuous, and of invariable efficiency, has been so successful in its use that the War Minister is causing a great laboratory to be built for the sole purpose of anti-typhoid inoculation with this preparation.

### THE DEPARTMENTAL COMMITTEE ON TUBERCULOSIS.

Among the recommendations of the Departmental Committee on Tuberculosis is one providing "that concurrently with the measures for prevention, detection, and treatment, provision should be made for increasing the existing knowledge of the disease and of the methods for its prevention, detection, and cure by way of research, and the Committee further points out that by Section 16 (2) of the National Insurance Act a sum of one penny per annum per insured person is provided by the Exchequer, and may be retained by the Insurance Commissioners for Research.

## CLINICAL NOTES ON SOME COMMON AILMENTS.

By A. KNYVETT GORDON, M.B. CANTAB.

### ADENOIDS.

This is a convenient abbreviation for the scientific, but somewhat cumbrous, term "adenoid vegetations of the naso-pharynx," and denotes an ailment which is certainly very common in children. Inasmuch as the condition often gives rise to somewhat serious symptoms which would not at first sight be thought to be connected with the nose at all, it may be as well that we should consider the subject for a few moments.

What the condition is is perfectly simple, though its origin and results are rather complicated. In ordinary healthy children the nostrils should be quite open, and at all times it should be possible for the little one to breathe through the nose. Very many children, however, cannot do this, but breathe instead through the mouth, which is always open, and the reason is that they cannot use their nostrils because they are blocked. If one puts one's finger into the mouth of such a child, and turns it upwards so that it passes behind the soft palate into what should be the space at the back of the nose, one finds that there is no space at all, but, instead, a soft, elastic mass which arises from the back and roof of the naso-pharynx and projects downwards so as to block the nostrils. It is, moreover, not only the nostrils that are blocked, but also the mouths of the eustachian tubes that lead from the back of the nose into the middle ear.

The cause of these growths is not very clear. Often they are inherited, and they are sometimes also associated with an excess of glandular tissue in other parts of the body—the so-called status lymphaticus. Generally some enlargement of the tonsils is present as well. They are more common in town bred children than in those who lead an outdoor life, and they very frequently follow an attack of measles, and perhaps, though less frequently, of scarlet fever also.

In structure they resemble a tonsil, that is to say, they consist chiefly of cells resembling white blood corpuscles.

The most important points for our purpose, however, are the symptoms to which they give rise, and the treatment which is necessary for their removal.

We have, firstly, the fact that the child always breathes through his mouth, and in

consequence goes about with his mouth open. Besides the æsthetic disadvantages of this, we get a much more serious evil in the fact that the mouth is always drier than it should be, and in consequence micro organisms from the food tend to adhere to the teeth instead of being washed away by the saliva. There is therefore a tendency to decay of the teeth and other results of oral sepsis.

Another result of obstruction to respiration is that the chest develops badly and we get the deformity known as pigeon breast. When obstruction is well marked the child will often suffer from attacks of difficulty in breathing, especially during sleep, and, in fact, many of the "night terrors" of children are due to adenoids. Such children also have a chronic cold in the nose—that is to say, inflammation of the mucous-membrane—and a nasal, toneless sort of voice. The constant recurrence of a cold in the head is usually the reason for seeking medical advice.

Owing to the blocking of the eustachian tubes, we get deafness, and often a chronic inflammation of the middle ear, which shows itself in a constant purulent discharge from the meatus. Adenoids are certainly the commonest cause—apart from scarlet fever—of discharging ears.

Apart from these mechanical results there is a group of symptoms which are due to irritation and which show themselves in various remote parts of the body. The most important of these is a tendency to attacks of croup or spasmodic closure of the orifice of the larynx, which are often very alarming. The child wakes up with a start in the night, and for a few moments is quite unable to get any air at all through his larynx, and in consequence becomes blue in the lips, and ultimately nearly black in the face. Just as he appears to be at the point of death the spasm of the larynx relaxes, and several inspirations are taken with a loud crowing sound. Generally three or four such attacks occur in the space of a few hours, and the spasm then disappears entirely for a time, though relapses are very common. However alarming these spasms may be, death never results, because as soon as the blood becomes charged with carbonic acid, it acts as an anæsthetic to the part of the brain that is responsible for the attacks, and the spasm relaxes.

Another spasmodic affection that is often due to adenoids is incontinence of urine, and it not infrequently happens that children are punished for this, when the appropriate treatment should really be directed to the naso-pharynx. Stam-

mering also is sometimes due to the same cause, as are also some kinds of persistent headache.

Inasmuch as the children who suffer from adenoids are continually somewhat short of air, and therefore of oxygen, they are apt to be anæmic, dull and listless, which, when associated with the deafness from eustachian obstruction, makes the child backward at school.

For adenoids there is only one treatment, namely, thorough removal, followed by constant drilling on the part of the parents to prevent the child continuing to breathe through the mouth (as a habit) after the obstruction to nasal respiration has been removed.

As regards the method of removal, surgeons differ: some employ a curette, while others nip off the growth with forceps; the essential feature, however, is that the removal shall be thorough. If enlarged tonsils are present, they can either be removed at the same time, the child being under a general anæsthetic, or, if it be desired to avoid this, they can be done "in penny numbers"—the tonsils one week and the adenoids the next, or *vice versa*. It is always desirable, however, to avoid chloroform, for children with adenoids are apt to take this anæsthetic very badly, and several fatalities have been recorded. Ethyl chloride is safer, and, nowadays, many anæsthetists prefer ether administered by the open method.

If an anæsthetic be given, the child is placed either lying on his side, or on his back with the head well over the end of the table. A gag is inserted, and the tonsils are removed first with a guillotine, and then the adenoids with a curette or forceps, the remains of growth around the eustachian tubes being subsequently scraped away with the finger-nail. Hæmorrhage is often sharp at first, but from the removal of adenoids alone is practically never alarming, and always ceases when the child comes round from the anæsthetic and takes a few deep respirations. It can be controlled by a hot or cold douche, or, if necessary, by plugging the space from which the growths have been removed with gauze. If an anæsthetic be not employed, the child is wrapped up in a blanket and held on the lap of the nurse with the head resting on her shoulder, someone steadying the head from behind; a gag is then inserted, and the adenoids removed as before.

Owing to some swelling of the parts after the operation, the full benefit is not usually felt for a few days afterwards, until this has subsided.

The whole subject of adenoids and their treatment is rather interesting historically. Adenoids are popularly supposed to be a new disease, because our grandfathers never heard of them. This is true, in that attention was not drawn to them until 1870 or thereabouts; but one has only to look at some of the portraits of children in the National Gallery to see that the disease was really in existence in the Middle Ages, for very many children in the mediæval religious pictures, for instance, would serve as illustrations for a text-book on the disease! Nowadays the pendulum has swung rather the other way, and the attitude of the modern school inspector rather resembles that of a terrier after rats! Still, there can be no doubt that much of the backwardness of "dull" children is due to the adenoids which he pursues with so much vigour to their destruction in the throat departments of our general hospitals.

### THE COLOGNE CONGRESS.

We are glad that the invitation sent out through the National Council of Nurses to kindred societies to appoint representatives to attend the International Congress of Nurses at Cologne in August is being well responded to. The Fever Nurses' Association has appointed Miss Bann, Matron of the Brook Fever Hospital, Shooters Hill—a member of its Council, and one of its five delegates on the Central Committee for State Registration of Nurses. The Nurses' Social Union has nominated Miss Beatrice Kent, a member of the Union, and an active member and worker of the Society for State Registration of Trained Nurses, who has been invited by the National Council of Nurses to present the very important paper at the Congress on "Nurses and Social Work." The Catholic Nurses' Association (Ireland) has appointed Miss R. M. McLaughlin its Hon. Secretary. The Scottish Matrons' Association will be represented by Miss Melrose, Matron, Royal Infirmary, Glasgow, and Miss Graham, its Hon. Secretary, and other societies have the invitation under consideration.

Miss Beatrice Kent has consented to act as Hon. Secretary of the Nursing Exhibition Committee, and will be in Cologne in time to help to arrange the exhibits in the Marzel Gymnasium, which will be opened at 11.30 a.m. on Saturday, August 3rd.

### OUR PRIZE COMPETITION.

#### WHAT IS THE RIGHT METHOD OF NASAL FEEDING?

We have pleasure in awarding the prize this week to Miss Agnes M. Welchman, 4, Chesterfield Place, Clifton, Bristol, for her paper on the above subject.

#### PRIZE PAPER.

When nasal feeding a patient, for whatever reason, two things are absolutely essential, *i.e.*,

1. Perfect cleanliness.
2. Extreme gentleness.

If either of these two things are neglected the operation becomes at once dangerous.

*To proceed:*—Prepare a tray containing a long nasal catheter attached to a glass funnel, or an ordinary rubber female catheter attached to rubber tubing and glass funnel, all of which should be sterilized. A bowl of small swabs, sterilized and placed in a weak antiseptic solution, and a sterilized towel, the latter to be placed around patient, under the chin. The nurse's hands should be as surgically clean as possible, and, finally, the patient's nostrils should be gently and thoroughly swabbed out with the swabs prepared, as otherwise, in the event of the catheter accidentally entering the larynx, septic germs may be introduced.

*Position.*—The patient should be in bed in the dorsal position. In almost all cases it is necessary to have assistance, especially so when feeding during puerperal mania. Extreme gentleness is necessary, as in every case it is an unpleasant experience, and any carelessness in passing the catheter may give great pain, besides being likely to injure the delicate structures at the back of the nasal orifices.

When the patient is a baby or a small child a capable nurse can often manage the nasal feeding alone.

*Method.*—It is a good plan to place the child's arms down at its sides and to securely wrap the whole of the body and legs in a blanket, leaving only the head free.

Standing on the right side of the patient, the nurse should with her left hand keep the child's head steadied. Placing the apparatus on the sterilized towel, she should take the catheter in her right hand and, after lubricating it with glycerine or pure olive oil, insert it into the right or left nostril, gently passing it very slightly upwards and then directly backwards. The tube is passed for about 10 inches (it is not necessary for it to reach the stomach, but only that it should be well past the opening into the larynx), watching closely for any sign of its entrance into the larynx, such as cough-



ing violently or blueness in the face, in which case it must be at once withdrawn and a fresh start made.

If there are no such signs and the nurse has satisfied herself, by looking, that the tube has not doubled on itself in the patient's mouth, she should proceed to give the feed ordered, pouring only a little into the funnel at first, allowing it to run into the stomach gently and slowly. When all the food is given the catheter should be withdrawn carefully, afterwards again thoroughly swabbing the nostrils. It is well to feed by each nostril alternately, soreness being less likely to result.

#### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss Amy Phipps, Miss M. Punchard, Miss N. Windle-Hunter, Miss F. M. Stevens, Miss Marshall, Miss Macfarlane, Miss O'Brien, Miss M. A. Fussell.

Miss Amy Phipps writes that the utensil containing the food to be administered should be placed in a bowl of warm water to keep the temperature up, usually to about 99 degs. Fahr. The temperature should be tested immediately before administration.

Miss Windle-Hunter advises that the tube should be passed into the nose directly backwards and then steadily through the œsophagus until the end of it is in the stomach. Then (1) Air should bubble up immediately and continue to do so till the tube is pinched. (2) There should be no difficulty in breathing. (3) The catheter should have passed easily, without obstruction for twelve inches.

More than one competitor advises that an ordinary glass syringe should be used rather than a funnel; then, should any obstruction occur and the food cannot pass, the piston can be inserted into the barrel and the obstruction gently forced backwards, or onwards. In our opinion, if obstruction occurs in the tube, it should be withdrawn, the obstruction removed, and the tube reintroduced.

#### QUESTION FOR NEXT WEEK.

How do you care for clinical thermometers? Describe the various methods of taking a patient's temperature and how you would proceed in each case. What points would you impress on a new probationer in connection with the use of thermometers?

#### WELCOME HELP.

The President of the Society for the State Registration of Trained Nurses acknowledges with many thanks the following kind donations: Mrs. Bartleet, £1; Miss R. Metherell, 5s.; Miss Emuss and Staff, 3s. 6d.; Miss M. S. Rundle, 2s.

### REMINISCENCES OF AN L.P.

I had always longed to be a nurse. Before my frocks were lengthened I had dreamed of it. I read of Florence Nightingale, of Agnes Jones, and Sister Dora with fervour. I had pictured myself becoming in no whit behind these magnificent women in skill, ability, and devotion. Imagination had placed me in the forefront of the battlefield, had found me cool and resourceful at the pit-head when the fire-damp had wrought its dread work among many victims. Now my time had come, now I was to buckle on my armour and prove myself. In those remote days of which I write, every other woman one met did not wear a nurse's uniform, and the real article was not a matter of everyday experience. I was accordingly considered something of an heroine, and an object of deep interest to my immediate circle of friends. Fortified by their good wishes and my own self-approbation, I launched forth on my first day in the Hospital. Demurely clad in a dress of dark woollen material, precisely conforming to regulations, three inches on the ground at the back, a cap that did its best to conform and cover my ears, an apron innocent of bib, I was ushered into the presence of the Lady Superintendent. Scrutinising me closely, from my rebellious hair to the sole of my foot, her glance came to anchor at the last-named point. "You don't suppose I shall allow you to go into my wards in those shoes, Miss," she said.

Even at this early stage, a vague sense of impotence had begun to steal over me. I replied they were what I imagined were required. I was quickly assured that different shoes must be sought and found before I could enter "my wards." Damped and dejected, I put on my coal-scuttle bonnet, with its long veil, and sallied forth. Of towns I knew nothing, of shopping less, and long I wandered looking for "suitable" shoes, and wondering what sort of footwear would be so designated. I happened at last on a shop where I perceived shoes of the cashmere variety, guiltless of heels and appearing very "suitable" indeed. I purchased them with great relief, and hurried back to my Hospital.

Tired and hot—it was flaming June—I once more presented myself before the Superintendent. This time my hideous footwear was graciously approved, and I was ordered to go on duty.

I was eyed by the Ward Sister, who was a sweet woman, with Christian resignation. She drew the Staff Nurse (as she supposed) out of

earshot, and asked, without any apparent bitterness, "What *can* we give this new Miss to do?"

I have said before that it was hot. I had on new prunella shoes the torture of which I shall never forget, and the unintentional hopelessness of sweet Sister M.'s inquiry sank deep into my soul.

I shall find it difficult to convince the present-day Nurse that my training included lessons in deportment.

It was the privilege of the L.P.'s each morning to present themselves before their Superior and to be shaken hands with. I use the expression advisedly—it was considered "familiar" of the L.P. to shake. She had also to be careful not to drop the Superior hand as though it were something unpleasant! Erring, as I generally did, on one side or the other, I was constantly ordered to "shake hands again in a proper manner, Miss."

My mode of entry into the office was also a ground of offence, and I have had to make several entries in one morning before I hit off the exact attitude of deference and grace. I need hardly say that, to my colleagues, this performance gave exquisite enjoyment, and the keyhole was in great request. "Go on your hands and knees and see how that will suit," and other friendly suggestions would follow my disappearing form. (Dear things! What lovely times we had, in spite of everything.)

My skull, I suppose, was not of the shape considered suitable for an L.P., and my cap would be tugged from side to side in vain endeavour to make it cover both ears. These particular portions of anatomy were considered unsuitable and unnecessary to an L.P., and were not supposed to be visible.

"I never knew such a head as yours, Miss, and such a don't care expression!" Or it would be: "Take those puffs out of your sleeves. Stay in from your pass this afternoon; don't do it to-night when you go to bed, or you won't have time to say your prayers."

Once I had the temerity to ask if I might go off five minutes earlier to catch a train.

"No, you may not, Miss; not that you are any use when you are on, but you are not going off."

Pride goeth before a fall, and after all it was hundreds of years ago.

L. P.

The Trained Women Nurses' Friendly Society and the Scottish Nurses' Branch of the Women's Friendly Society of Scotland have agreed to transfer members, should members of either Society take up permanent work, from one country to the other.

## THE ISLA STEWART MEMORIAL COMMITTEE.

At the meeting of the Isla Stewart Memorial Committee held at 431, Oxford Street, London, W., on Friday, 24th ult., Mrs. Shuter, the Hon. Secretary and Treasurer, reported progress to date. Close on £200 has been received since the appeal was issued four months ago, £56 of which is promised as annual subscriptions for two, three or more years. A good many collecting cards have not yet been returned. A detailed report will be presented at the annual meeting of the League of St. Bartholomew's Hospital Nurses on the 29th June. Several of the donations and subscriptions are of a very generous nature, but it will be a pity if those who can afford little do not subscribe, as small donations and subscriptions will be equally welcome as larger sums. Small sums soon make up a handsome total, and it is the spirit which prompts the gift—not the amount—which we all know would have been valued by the most generous of women, whose devotion to our professional work and noble character we are anxious to affectionately commemorate. All information can be obtained from Mrs. Shuter, Cleveland House, Chiswick Lane, Chiswick, W.

## NURSES AND THE INSURANCE ACT.

The impossibility of obtaining definite instruction concerning nurses and the Insurance Act from the Commissioners, or plain replies to plain questions, makes it very difficult for nurses to grasp their relation thereto. One thing is undeniable: that the profession as a whole bitterly resents its provisions, as far as they understand them; and from letters received, many nurses intend to do nothing until compelled by the long arm of the law, if it can reach them! Then one matron says her staff hopes the Bill will not pass. The Bill *has* passed—the Act will come into force on July 15th next, and the profession *must* realise it. The hospitals do not yet know how the Act will affect them, owing to the medical strike. The committees and some honorary medical officers of hospitals seem to think that their terms of appointment cannot be affected by the decisions of the Medical Union. Here they are wrong. No consultant can safely play the part of "blackleg" in relation to the decisions of the overwhelming number of general practitioners—upon whom his practice depends—and any attempt upon the part of hospital committees to exercise authority would result in the patients being deprived of medical services and closed doors! No, the whole lay

community must realise that power is in the hands of the medical profession in this dispute and they intend to use it conscientiously.

We only wish trained nurses instead of being a plastic mass—had, in the past, through conscientious co-operation for the public good, been able to enforce just representation of their undeniable claims to special consideration in connection with the National Health Act. But their usual apathy in time of peace will probably result in their ruthless subjection in time of war! It is not, however, too late to do the right and public-spirited thing. Let it be done. Let them help to amend the Act. In the meantime let trained nurses make the best of circumstances. If they have to insure, let them do so in *self-governing societies* provided for by the Trained Women Nurses' Friendly Society in England, and societies organized by Scottish Nurses in Scotland and Irish Nurses in Ireland. It will be very unfair if matrons and medical men hand them over "to be done for" by financiers who have no other interest in their condition but that of profit.

### THE TRAINED WOMEN NURSES' FRIENDLY SOCIETY.

The Trained Women Nurses' Friendly Society is now prepared to receive the names of Nurses who wish to become members—to meet the requirements of the National Insurance Act.

The Society will consist of Female Sick Nurses trained and in training.

The full control of the Society will be in the hands of the members.

All Nurses—except those who earn more than £160 per annum, or who have a private income of £26 and upwards—must insure.

It is obvious that it is to the advantage of Nurses to insure with a Society that is entirely devoted to their interests and over which they have complete control.

\*The benefits provided by the Act are as follows:—MEDICAL BENEFIT, *i.e.*: Free Medical Attendance, including Drugs and Appliances. SANATORIUM BENEFIT: Free Treatment in Sanatoria or other institutions, or otherwise, when suffering from Tuberculosis, and such other diseases as the Local Government Board, with the approval of the Treasury, may direct. SICKNESS BENEFIT: Payment of 7s. 6d. per week during sickness up to a period of twenty-six weeks. DISABLEMENT BENEFIT: Payment of 5s. per week for the rest of the period the member is unable to work. MATERNITY BENEFIT: A grant of 30s. on the birth of a child provided the mother or her husband is a member of an Approved Society. Such additional or alternative benefits as the Society may give under a scheme made by them and sanctioned by the Insurance Commission.

NOTE.—Medical and Sanatorium benefits, and additional benefits in the nature of Medical

\* *If the medical profession come to terms with the Chancellor of the Exchequer and the Insurance Commissioners.*

benefit, are administered by the Insurance Committee for the County (or County Borough) in which the insured person entitled to them is for the time being resident. All other benefits are administered by the Society, and all applications relative to them must be addressed to the Secretary.

The Society will apply to the Commissioners for leave to administer the benefits in such a manner as will be most advantageous to Nurses.

Pensions and superannuation allowances are not part of the scheme of the Act, but the Society will be able to obtain advantageous terms for its members from a thoroughly reliable Life Insurance Society.

Nurses and employers are required to contribute 3d. each weekly, to which the State adds 2d. Cards will be issued from the Society on which stamps for the amounts due will be affixed, which cards will be returned to the Society either monthly, quarterly, or annually, as by arrangement.

It is hoped to come to a mutual arrangement with a Scottish Nurses' Friendly Society, and with an Irish Nurses' Friendly Society, by which Nurses can transfer, on passing to work, from one country to another.

The Act—unless postponed—comes into force on July 15th, but the Act provides that no payments will be made until members have contributed for twenty-six weeks.

Nurses who wish to join are requested to send for and sign a Card, and return it to

The Hon. Secretary,

MISS M. MOLLETT,  
Trained Women Nurses' Friendly Society,  
431, Oxford Street, London, W.

One day last week in the House of Commons, Mr. C. Bathurst asked whether, in the case of nurses, secondary school teachers, and other professional workers, who desire to form their own separate societies under the National Insurance Act, in order to provide benefits suited to their special requirements, it will be necessary to limit the membership of such societies to the geographical areas of England, Scotland, Wales and Ireland respectively, and to prevent the formation of such societies in countries like Wales, if the number of persons employed there in such professions does not amount to 5,000?

Mr. Masterman (the Secretary to the Treasury), replied: Either one society for the four parts of the United Kingdom or a separate society for each part could be formed. Separate funds would require to be kept in any case; and if the numbers of members in one part of the United Kingdom were less than 5,000 it would be necessary for them to be associated or grouped under the provisions of section 39, for the purpose of valuation.

So it is quite clear, as we have always said, that unless 5,000 nurses form an approved society in each country, they must be grouped with others; and also that under all circumstances separate funds would have to be kept.



## THE FEVER NURSES' ASSOCIATION.

### A VALUABLE PRESIDENTIAL ADDRESS.

Dr. Caiger, President of the Fever Nurses' Association, set forth very clearly in his presidential address, at the annual meeting last week, the position of the Association in regard to the recommendation of the Council that two outside certificates of training—viz., that of the Local Government Board of Scotland and that of the Metropolitan Asylums Board—should be accepted as qualifying for registration by the Association on the same terms as its own certificate. He said:—

Both have been recently instituted, and in each instance the standard of training exacted is a good one. In the opinion of some educational critics the requirements for the Scotch certificate are too exacting, but this must depend upon the view taken as to the scope of the certificate. If, like the certificate granted by our Association, it is to be regarded as a guarantee of fever training only, *i.e.*, a diploma attesting competence in a special branch of nursing, the requirements of the Scotch Local Government Board are, in my judgment, excessive.

### THE REQUIREMENTS OF THE SCOTCH CERTIFICATE.

Under the scheme the period of training in a fever hospital is to be not less than three years, and before any candidate will be accepted for training she is required to produce evidence of (a) Good character, (b) Good health; and, unless she possesses an Intermediate or "Leaving Certificate," (c) Having received a fair general education.

As to the first two requirements the Medical Superintendent and the Matron are allowed to be the arbiters, but the Local Government Board themselves decide as to the candidate's general educational fitness.

To test this question the Board hold an examination quarterly, and candidates are examined in the following subjects:—Spelling, handwriting, English (to be tested by ability to write a short essay), and arithmetic (including vulgar and decimal fractions, weights and measures, and bills of parcels).

Assuming a candidate satisfies the examiner in these preliminary subjects she is regarded as eligible for training. The subjects on which the probationers are examined in the course of their training are elementary anatomy and physiology, hygiene, dietetics, including invalid cooking, medical nursing, surgical nursing, infectious diseases and their management.

It must be admitted that this is a fairly comprehensive curriculum, and there is little to distinguish it from a general training except that a knowledge of fever nursing is included. Its weak point is that, as things are at present, the whole of the training—surgical nursing and all—is received in the wards of a fever hospital.

### A SEPARATE REGISTER FOR FEVER NURSES.

The object of the scheme, as the Local Government Board of Scotland admits, is to grant to nurses trained in fever hospitals certificates similar to those now given to nurses trained in the Poor Law Hospitals.

The effect of the Scheme in operation it seems to me—and there are many who share this view—will be to lead to confusion in the mind of the public as to what constitutes a general training, and I feel very strongly that any course of action which tends either directly or indirectly to lower the value of a certificate of general training in public estimation is to be deprecated. I believe I am right in assuming that the scheme contemplates the establishment of a separate Register of Fever Nurses under State Registration. I need hardly remind you that the policy of the Fever Nurses' Association has always been opposed to the establishment of such a Register, as we think it would tend to perpetuate one of the evils for the removal of which the Fever Nurses' Association was founded, viz., the competition on equal terms, between the nurse with fever training only, and the fully certificated nurse in the field of private nursing.

In my opinion the well-trained Fever Nurse is just as competent to nurse any case of *medical* illness as her sister with a certificate of general training. There is no form of medical disease of which the successful nursing calls for the exercise of a higher degree of skill, patience, and resource than a bad case of diphtheria, scarlet, or typhoid fever, and a nurse who has proved her fitness to be entrusted with these need fear no rival in the field of medical nursing.

With surgery, however, it is different, and to claim that a nurse whose experience and training have been exclusively gained in a fever hospital is adequately equipped for taking charge of important surgical cases, or to cope with the various emergencies which arise in the course of surgical practice is nothing short of ridiculous.

It is from the Local Public Health Authorities in Scotland having large Isolation Hospitals under their jurisdiction that the demand for a separate Register of Fever Nurses *under the authority of the State* comes almost exclusively. Some of the Chief Executive Officers in the Scotch hospitals, I am glad to say, are opposed to the suggestion, and are in agreement with the policy of our Association.

We do not believe in a separate Register for Fever Nurses in any scheme of State Registration which may be ultimately introduced, as we hold to the view that fever nursing should be supplementary to, rather than in rivalry with, general training.

When State Registration of Nurses comes in, and it is only a question of time—it will become increasingly difficult to obtain a sufficient supply of suitable candidates to recruit the nursing staffs of the fever hospitals, because State Registration must lessen to some extent the commercial

value of a fever training, and the establishment of a separate Register for fever nurses will not prevent it. . . .

The only real solution of the difficulty, and one which would tend at the same time to the advancement of nursing generally, lies in the development of co-operative, or reciprocal training. To the achievement of this object we must apply our energies.

In urging the claims of fever nursing, at the Central Committee for the promotion of State Registration of Nurses, your delegates received valuable support from the late Miss Isla Stewart. She, from her dual experience as Matron of an important general hospital, and previously as Matron of one of the large London Fever Hospitals, was fully alive to the limitations of the Fever Hospital as a field for all-round training, but she at the same time recognized very clearly how much the nurse trained in the general hospital was handicapped by her lack of fever experience; and further, how by co-operation between the general and the fever hospital the efficiency of the training in each would be enhanced.

The disinclination on the part of many of the general hospital Matrons to enter into reciprocal arrangements with the fever hospitals, under which nurses would receive a portion of their training in each, is much to be regretted. Though partly due to prejudice, no doubt, it is mainly owing to the failure on their part to appreciate the importance and scope of modern fever nursing.

As a speciality fever nursing stands alone. The fever nurse, in addition to being called upon to nurse the gravest cases of medical disease, has a public health responsibility which is not shared by her sister in any other department of nursing. Her responsibility is not confined to securing the welfare of her patient alone, but is concerned in addition with the safety of others directly and indirectly related with him. The scrupulous regard for technique, required in the modern "cubicle" and "barrier" nursing, if it is to be successful, demands of the nurse an intelligent and conscientious attention to detail which is unequalled in any other branch of medical nursing. That this is not appreciated as it should be I am convinced.

Many nurses, besides those of the Fever Nurses' Association, are indebted to Dr. Caiger for stating the general position so clearly. There is no doubt that the nurse trained in a general hospital is but ill equipped for the practice of her profession, more especially in private nursing, if she has no knowledge of the nursing of infectious diseases; on the other hand, the nurse trained only in a fever hospital needs to increase her knowledge by additional training in a general hospital before she can be considered thoroughly equipped. The solution of the problem, as Dr. Caiger points out, is to be found in reciprocal training.

Nurses are beginning to realize that so many diseases are now nursed in special hospitals instead of being cared for in the wards of general hospitals that training in infectious work would be of great value to them.

## LOCAL GOVERNMENT BOARD, SCOTLAND.

### EXAMINATION OF NURSES.

On May 7th and subsequent days the Local Government Board for Scotland held an examination for the certification of trained sick nurses and of trained fever nurses. The examination was held at Glasgow, Edinburgh, Dundee and Aberdeen. The examiners were Sir James Affleck, M.D., Edinburgh; Professor Matthew Hay, Aberdeen; Dr. Ker, City Hospital, Edinburgh; and Dr. MacVicar, East Poorhouse, Dundee, who were assisted in the practical part of the examination by Miss Gregory Smith, Matron of the Western Infirmary, Glasgow, and by Miss Merchant, Matron of the Eastern District Hospital, Duke Street, Glasgow.

The subjects of examination were Elementary Anatomy and Physiology, Hygiene and Dietetics, Medical and Surgical Nursing, Midwifery, and Infectious Diseases. In all, 263 candidates presented themselves for examination. Of these, 208 were examined in Anatomy and Physiology, 208 in Hygiene and Dietetics, 83 in Medical and Surgical Nursing, 21 in Midwifery, and 59 in Infectious Diseases.

In Anatomy and Physiology, 15 nurses obtained distinction, 168 obtained a simple pass, and 25 failed.

In Hygiene and Dietetics, 15 obtained distinction, 165 obtained a simple pass, and 28 failed.

In Medical and Surgical Nursing, 8 obtained distinction, 62 obtained a simple pass, and 13 failed.

In Midwifery, 20 obtained a simple pass, and 1 failed.

In Infectious Diseases, 9 obtained distinction, 46 obtained a simple pass, and 4 failed.

Twenty-three candidates are now entitled to the Certificate in general training granted by the Local Government Board, and 44 are entitled to the Certificates in fever training granted by the Board.

### THE RELIGIOUS ASPECT OF THE WOMAN QUESTION.

The fundamental difference between the Suffragist and anti-Suffragist was plainly demonstrated by Sir Alnroth Wright in his astounding manifesto in the smashing of the Conciliation Bill—the one is a spiritual movement, the other frankly sexual. We welcome therefore the suggestion put forth by those who, "feeling that in the midst of political conflict and social unrest the deeper side of the women's movement is liable to be obscured," and the determination to bring before the public the graver and more serious issues of this subject by meetings to consider the religious aspect of it. The first of these meetings will be held in the Queen's Hall, London W., on June 19th, and we feel sure many nurses will wish to be present. Application for tickets should be made to Miss Lucy Gardner, 7, Bigwood Road, Golders Green.

## THE IRISH NURSES' ASSOCIATION.

The accompanying portrait of Miss E. Hanan, the recently appointed Secretary of the Irish Nurses' Association, will be received with pleasure and interest by many of our readers. Miss Hanan succeeds Miss Carson Rae in this honourable office, honourable because all the traditions of the Association have always been to inculcate in its members their wider professional responsibilities and to take public action whenever the interests of the sick and the professional and economic interests of trained nurses so demand.

Miss Hanan was trained at the Meath Hospital, Dublin, and has had wide experience of private nursing and massage work both in



MISS E. HANAN.

England and Ireland. She also holds the certificate of the Incorporated Society of Trained Masseuses. **SOCIAL FUNCTIONS.**

The social functions which have always been such an enjoyable feature of the summer programme of the Irish Nurses' Association have now been arranged as follows:—

*June 4th.*—Howth (Waverley Hotel), by invitation of Miss Phelan. Cyclists meet at the Crescent, Clontarf, 4 p.m.

*June 27th.*—Howth (Lawlor's Cottage, Bailey). Cyclists meet at the Crescent, Clontarf, 4 p.m.

*July 8th.*—Lucan. Cyclists meet at Park Gate, 4 p.m.

*July 27th.*—Killiney Hill, Victoria Gate. Cyclists meet at Donnybrook Terminus, 4 p.m.

## CATHOLIC NURSES' ASSOCIATION, IRELAND.

At the usual monthly meeting of the Catholic Nurses' Association, held in Lourdes House, Mountjoy Square, Dublin, on the 21st of May, it was proposed that Miss McLaughlin be invited to represent the Association at the International Nursing Congress at Cologne. An Amusement Committee was formed to arrange outings for the summer months commencing in June, the date and place of the meetings to be published later.

The Library has been started with the funds already in hand, and the Secretary will be glad to receive books.

The monthly meetings will continue to be held on the third Tuesday of each month at 6 p.m. No further notice will be given to members as to these meetings.

## PRACTICAL POINTS.

## A Novel Treatment of Hay Fever.

The *Boston Medical and Surgical Journal* says: "As hay fever is known to disappear with the arrival of frost, the plan has been hit upon at one of the large New York hotels of allowing persons suffering from that affection to go down and sit in the artificially cooled wine cellar, where the temperature is 30 deg. to 40 deg. Fahr. While exposure to this atmosphere is not claimed as curative, it is stated that the patient, by remaining in it for thirty or forty minutes, is completely relieved of his symptoms for from twenty-four to forty-eight hours. The idea appears to have come from the West, where it has been successfully tried for some time past in the breweries, and one gentleman in St. Louis is said to have been entirely cured by spending half an hour a day for two weeks in the cold vaults."

## Things Worth Remembering.

Under the heading of Things Worth Remembering, the *Nurses' Journal of the Pacific Coast* advises:—Instead of making the much used Russian tea, substitute for the lemon a slice of the golden orange. You will be surprised to find how delicious it is.

## Glycerine Disinfection of Rubber Gloves and Silk Catheters.

Dr. Heusner has found that rubber gloves can be boiled in glycerine as long and as frequently as desired. He has the disinfectant made with an outer and inner chamber between the walls of which is a wire netting. The gloves are placed in a closed wire-netting box in the bottom of the disinfectant to keep them covered with the glycerine.



## APPOINTMENTS.

### MATRON.

**General Infirmary, Burton-on-Trent.**—Miss E. M. Ward has been appointed Matron. She was trained at Addenbrooke's Hospital, Cambridge; and has been Staff Nurse at Poplar Hospital; Staff Nurse and Sister at Addenbrooke's Hospital; and Assistant Matron at the Royal Infirmary, Derby.

**District Cottage Hospital, Ottery St. Mary, Devon.**—Miss Chapman has been elected Matron. She was trained at the Bristol Royal Infirmary, where she was on the private staff. She has also been Night Sister at the Cumberland Infirmary, Carlisle, and Night Sister and Matron's Junior Assistant at Bristol Royal Infirmary.

**The Infectious Diseases Hospital, Barry, Glamorgan-shire.**—Miss Myra Forsyth has been appointed Matron. For three years she was in charge of the diphtheria wards at the Sanatorium, and for the past four years has been Matron of the Hinckley Isolation Hospital.

**The Cottage Hospital, High Wycombe.**—Miss M. W. Thompson has been appointed Matron. She was trained at the Wolverhampton and Staffordshire General Hospital, and has worked at the Cottage Hospital, Ulverston, and been Nurse and afterwards Matron at the Cottage Hospital, Ilkeston.

### NIGHT SISTER.

**Totworth Isolation Hospital, Surbiton.**—Miss Daisy Burgess has been appointed Night Sister. She was trained at the Lewisham Infirmary, and held the position of Staff Nurse at St. Pancras South Infirmary. She has also had experience in infectious nursing at the Brook Hospital under the Metropolitan Asylums Board.

### SISTER.

**Northampton General Hospital.**—Miss Amy Lauder has been appointed Sister of a Men's Surgical Ward. She was trained at the Royal Infirmary, Preston, and has held the positions of Sister at the Stockport Infirmary, Sister and Night Sister at the Coventry and Warwickshire Hospital, and Temporary Night Sister at the General Hospital, Wolverhampton.

**Monsall Fever Hospital, Manchester.**—Miss Esther Wolstenholm has been appointed Sister. She was trained at the Royal Hospital, Salford, and the Monsall Fever Hospital, and has had experience of private nursing on the staff of the Royal Infirmary, Preston.

**Selly Oak Infirmary, Birmingham.**—Miss S. E. Beaumont has been appointed Sister. She was trained at the Union Infirmary, Bradford.

Miss M. M. Whale has been appointed Sister in the same institution. She was trained at the Union Infirmary, Reading, where she has held the position of Sister.

## RESIGNATIONS.

The approaching retirement of the Hon. Secretary of the Asylum Workers' Association, Dr. Shuttleworth, after fifteen years of exceptional service to the Association, is naturally regarded

as an irreparable loss. The position is now one which many would be honoured by holding, but Dr. Shuttleworth espoused the cause of the Asylum Workers in the infancy of the Association, and its success is due to a great extent to his leadership.

At a Board Meeting of the General Hospital, Launceston, Tasmania, the Report of the Committee contained the following paragraph: "In view of the approaching termination of Miss Milne's connection with the hospital, during the long period in which she has held the office of Lady Superintendent, your committee desire to place on record their high appreciation of the very efficient manner in which the responsible duties of the office have been carried out, and also of the very cordial relations that have always existed between Miss Milne and the Committee."

The Hon. G. T. Collins, M.L.C., moved the adoption, from the chair, speaking in the very highest terms of Miss Milne's work, both for the patients, and in the training of nurses, during the last twenty-five years. Eulogistic speeches were also made by Mr. H. Weedon, Chairman of the Visiting Committee; and Dr. Ramsay, the Surgeon-Superintendent, who said that Miss Milne had started the nurse training school at the hospital.

## PRESENTATION.

Nurse Gertrude's sixteen years' service in the Newhall District of the East End of Sheffield was recognised in concrete form recently, when the St. Clement's Schools were filled with subscribers to a testimonial fund. From over 600 subscribers £21 odd was collected. With part of this an inscribed gold watch was obtained, and the remainder of the money was presented in a purse. Mrs. Vickers made the presentation. It was said that Nurse Gertrude had done an enormous amount of work. Last year she paid over 6,000 visits to patients at their homes, and in her own rooms; and it was satisfactory to find that so many poor people had given something, although they could not afford very much. Nurse Gertrude was very gratified at receiving the testimonial from so many of those who appreciated her work.

## A SAD ECHO.

A few days before his deeply lamented death Dr. Lande of Bordeaux sent the following dear little letter to Sister Karll:—

MADemoisELLE,—We propose to go to Cologne and already have often spoken of it. It gives us reason for rejoicing that we are to find ourselves there—in the midst of those devoted to the same cause.

Accept, Mademoiselle, in connection with this happy occasion, the homage of my profound respect and sincere admiration.

LANDE.

## NURSING ECHOES.

Nowadays, when a titled medical practitioner speaks of nursing and nurses, one expects him to do so with knowledge and sympathy, for no one has a better opportunity of becoming acquainted with the value of their services to the community and the medical profession, or of knowing the willingness with which those arduous services are rendered. Yet Sir Frederick Eve, a member of the visiting staff of the London Hospital, speaking at the opening of the new wing of the Essex County Nursing Association's Training Home at Leytonstone—an Association whose system dispenses with hospital training, but does not hesitate to send its helps to compete with thoroughly trained private nurses at full fees—depreciated the thoroughly trained in comparison with those who do not hesitate to undertake responsibility for which they are not sufficiently qualified.

In urging the needs of the labouring classes in rural districts, Sir Frederick stated that the highly trained and occasionally fastidious hospital nurse would not only be entirely out of her element but would be completely out of touch with the people themselves. The women of that Association were "women of the people." The highly starched ministering angel was out of place in the cottage home.

While the hospital nurse was educated in a palatial building with every modern convenience, and luxuriated in all the latest apparatus and accessories, the nurses of that Association gained their knowledge in the squalid tenements of Leyton and Walthamstow. They learned from the first to do with what was to hand, often little enough, for occasionally the only utensil to be found for washing the new baby was the frying pan.

We consider these remarks betray sad ignorance upon the part of Sir Frederick Eve of the value of skilled nursing to the sick, even if pleasing to the aristocratic patrons of semi-trained nurses for the poor, who for the moment composed his audience. The conscientious, efficiently trained nurse is as much at home in the cottage of the peasant as she is in the palace of the prince, and to deny this fact is as ungenerous as it is untrue.

Although medical men are "educated in palatial buildings, and luxuriate in all the latest apparatus and accessories" (including the devoted services of trained nurses), we do not find Sir Frederick Eve advocating the establishment of an order of medical practitioners, minus hospital training, "because the highly trained registered medical practitioner is

entirely out of his element, and completely out of touch with the people themselves." No. Quack is the term by which such impudent practitioners are described in medical parlance—and the quack nurse is not a whit less dangerous than her medical *confrère* when tampering with the health of the community.

In this connection we heard the following story last week:—In a country district a "village nurse" had been substituted for a "cottage nurse," and "sleeping with the family" prohibited. The new nurse was not sent for in a case of illness where poultices were required, and upon enquiry being made, the committee lady was told, "We can make our own poultices—what we wants Nuss for is to do the 'ousework'!"

Trained nurses wishing to insure for a pension should not fail to make enquiries from the Secretary of the Trained Nurses Insurance Institute, 90, Cannon Street, London, E.C., for terms. The Uniform Pension Scheme for Nurses can be obtained through this Institute from the Norwich Union Life Insurance Society, which is recognised as one of the most reliable insurance societies in the world. It was founded in 1808, and has funds invested to the extent of £11,000,000.

An anonymous gift of £1,000 has been sent to the Trained Nurses' Annuity Fund. This sum will enable the Council to found one annuity fully, and to add to others, and so bring them up to full endowment standard.

On Wednesday, the 5th inst., the Nurses' Prize Distribution will take place at the Leicester Infirmary. It will be the first time that a gold medal has been awarded, and the presentation to the fortunate recipient will be made by Mrs. Charles Booth at 3.30 o'clock. Tea will afterwards be served at 4.15. Miss Rogers has invited guests to this very interesting function.

Miss L. L. Dock writes from New York that the third volume of "A History of Nursing" "is passing through the press, and I hope will be ready for Cologne. . . . Our Suffrage Parade was a glorious success. Over 200 nurses out, and all the important ones there."

Miss Sarah F. Martin, formerly Superintendent of Nurses at the Robert Garrett Hospital, New York, has recently been appointed the chief of three inspectors to see the 10-hour law for working women is obeyed. It is good

to know that "training" is valued abroad—if not at home—and is appreciated as a qualification—where the health of the community is concerned.

The United States Bureau of Education has issued a bulletin on the "Educational Status of Nursing," by Miss M. Adelaide Nutting, Director of the Department of Nursing and Health at Teachers' College, Columbia University (Bulletin 1912, No. 7). We have only space at present to say in reference to this that it should be in the hands of every Chairman of a hospital, and of every Matron before she enters upon this responsible office.

A Bill has been introduced in the Maryland State Legislature compelling all factories and other shops employing more than fifty females to maintain a hospital room, with a female attendant, where appliances and remedies for accidents—and injuries can be installed.

The report of the Calcutta Hospitals and Nurses' Institution for 1911 states that the institution was supporting 165 nurses employed in the Presidency General, Medical College and connected Hospitals, including the Eden, Prince of Wales, Ezra, Eye, Isolation and Indian Paying Patients' Hospitals. A number of Government and private pupil nurses and dhais are also trained and employed in the Eden Hospital.

The supervision and training of the nursing staff at the Presidency General Hospital is still undertaken by the Sisters of the Community of St. John the Baptist of Clewer. At the Medical College group of Hospitals the nursing staff has, since November, 1910, been trained and supervised by a Lady Superintendent and three Senior Nursing Sisters engaged in England, who replaced the Clewer Sisters when the work of supervising the two groups of Hospitals became too large for their community to undertake.

Lieut.-Colonel F. J. Drury, M.B., I.M.S., Principal, Medical College, Calcutta, reports on the work of these ladies as follows:—

"The grateful thanks of the whole Staff of the Medical College Hospital and the allied Hospitals are due to Miss Stephenson and the Senior Nursing Sisters for the very able manner in which they have supervised and improved our Nursing since they took over these duties just 15 months ago. Such vast improvements have been brought about that it is impossible for me in a short note to notice them all. The individual nurses are becoming much more alive to the work required of them, and duties which were before regarded as unnecessary and degrading are now being discharged quite cheerfully and naturally, as

the rightful routine of their daily work. The number of nurses sanctioned for us is not over large, and it has been difficult during the year to keep the number up to the strength. The intricate problem of nursing the Indian Paying Patients' blocks has been solved by Miss Stephenson, and the satisfactory arrangements she has made for this are greatly appreciated by the patients, as is shown by the fact that the rooms are generally nearly full. More nurses are required for the Ezra and Eye Hospitals as well as for a new children's ward which is about to be opened in the Medical College Hospital.

## THE SOCIETY FOR STATE REGISTRATION OF TRAINED NURSES.

### ANNUAL MEETING.

The annual meeting of the above Society will be held at the Medical Society's Rooms, 11, Chandos Street, W., on Friday, June 7, at 4 p.m., and it is hoped that members will make a point of attending.

We have great pleasure in announcing that Dr. W. A. Chapple, M.P. for Stirlingshire—for many years in practice as a medical man in New Zealand, and who is deeply interested in the question of Nurses' Registration, will address the meeting—an address which will be of the greater value, as he will speak from personal experience of its benefit to the community and the nurses in that Dominion.

Three important resolutions will be found on the Agenda—(1) Calling on the Government to give time in the House of Commons for the second reading of the Nurses' Registration Bill; (2) congratulations to the Australasian, Canadian, and American nurses in those States where new Acts for registration are passed; and (3) expressing regret at the exclusion of the Trained Nurses' Organizations from direct representation on the Advisory Committees—a privilege granted to medical women and midwives.

Nothing can prove more profoundly the helplessness of trained nurses in the body politic than the fact that factory girls and domestic servants have been granted representation on the Advisory Committees, and these classes can therefore express an opinion on nursing matters, whilst the great body, at least 50,000 in number, of the skilled nurses in this country are *excluded from speaking through their organizations for themselves*.

We hope for a full gathering on the 7th to pass resolution 3 with spirit.

The King and Queen will attend the 10.30 morning service at St. Paul's Cathedral on Hospital Sunday, June 9th.



## THE HOSPITAL WORLD.

### THE FLORENCE NIGHTINGALE HOSPITAL FOR GENTLEWOMEN.

On no class of the community does sickness press more hardly than on gentlewomen of small means, such as the Florence Nightingale Hospital, 19, Lisson Grove, N.W., open to all denominations and all nationalities, is designed to help.

The hospital, formerly known as the Hospital for Invalid Gentlewomen, was for many years located at 90, Harley Street, and it was from there that Miss Nightingale, then Lady Superintendent, offered her services to the War Office for work in the Crimea in 1853. The present building has the advantage of being built for the purpose. The entrance hall contains a fine bronze bust of Miss Nightingale, given by Mr. and Mrs. Shore Nightingale, the waiting-room contains a picture of Lea Hurst, and there are other mementoes of Miss Nightingale's connection with the hospital.

The wards are arranged on two floors; in each case there is a general ward with 10 beds, divided when desired by curtains forming cubicles, and a small ward of two beds attached. There are also four single rooms on each floor—one of which is at present used as a chapel—which are simply, but comfortably and tastefully, furnished, the furniture including a comfortable low easy chair in a loose washing cover, which must be greatly appreciated by patients well enough to sit up.

On the top floor is the theatre and its annexes, equipped in the most up-to-date manner, and excellently lighted. It is heated by radiators. From this floor there is access to a spacious flat roof, and there are also balconies connected with the wards, on to which the patients can be wheeled in their beds.

The nurses' dining-room, and sitting-room, which adjoin, are very pleasant and comfortable rooms, containing some interesting pieces of old furniture from 90, Harley Street.

The patients are charged £2 10s. a week for separate rooms, and £1 5s. for a cubicle.

In view of this and of the extension of the hospital, which is now being erected and will include six extra beds, it is much to be regretted that there was last year a deficit of over £572. A work so intimately associated with Miss Florence Nightingale should surely be kept out of debt by her many friends and admirers. It will be remembered that when the freedom of the City of London was presented to Miss Nightingale, half of the money ordinarily spent on a gold casket was by her desire given to this institution.

## THE GUILD OF SERVICE.

The Annual Meeting of the "Guild of Service" was held on May 20th at 7 o'clock at St. Paul's Chapter House, and was followed by a service in St. Paul's Cathedral at 8.30.

"The Guild of Service" is composed of members who are churchmen and churchwomen connected with or interested in Poor Law, Asylum and kindred institutions. The object of the Guild is to cherish and deepen the spiritual life of its members and probationers.

There was a large attendance, including many nurses, at the meeting.

The Bishop of Kingston, President of the Guild, who was in the chair, spoke hopefully of the advance made during the year by the Guild, which now numbers nearly 1,000 members, and considered it was taking a strong hold on the country. He proposed that the Council should draw up a Constitution to be submitted to the next annual meeting. The Bishop invited the members of the Guild to a party in his garden this summer.

Mrs. Woodward, Hon. Organising Secretary, in the course of an interesting report explained that during this year four new branches had been started in London, and two or three more are in course of being formed. Three fresh branches have been started in the provinces. Six members constitute a Branch, but most branches contain many more than this. There are 44 Branches in all. As far as possible monthly services and social gatherings are held in connection with the different branches. Any information can be obtained from Mrs. Woodward, 12, West Cromwell Road, who is Hon. Organising Secretary for the Guild all over the country.

A large congregation gathered under the Dome in the Cathedral for the service. Thirty-seven new members were admitted by the Bishop of Kingston, who afterwards gave an interesting address.

## NURSES' DAY.

### BRISTOL CONFERENCE AND HEALTH EXHIBITION, VICTORIA ROOMS, CLIFTON, BRISTOL.

The arrangements for the Nurses' Day, June 6th, are now complete, and those who have not yet applied for railway vouchers for reduced fares should do so at once to the Conference Secretary, Miss Symonds, 2, Arlington Villas, Clifton.

The following hospitals and institutions will, through the kindness of the authorities, be open to any nurses who can arrange to visit them on that morning:—The Royal Infirmary, the General Hospital, the Eye Hospital, the Children's Hospital, the Lying-in Hospital, the Dispensary for Consumption, the Orthopaedic Hospital, the Cosham Memorial Hospital, the Blind Asylum Workshops, and the Blind Asylum at Westbury.

The programme of the day is as follows:—

Opening Ceremony at 2 p.m. by Miss Amy Hughes, General Superintendent Queen Victoria Jubilee Institute, President of the Nurses' Social Union. Chairman, Joseph Storrs Fry, Esq.

2.30—Lecture by Dr. Mary Sturge on "The Nurse and National Needs."

3.30 to 5—Invalid Cookery Demonstration.

3 to 4—Red Cross Display.

4.15—Cutting-out Demonstration.

5.30—Children's Dances.

6—Parade of Bristol St. John's Ambulance Waggon.

6 to 7—Cookery Demonstration: "Diet for Consumptives."

7—Concert.

8—Cinematograph Lecture on "Natural History: Visible and Invisible, showing Bacteria in motion," by Mr. Stephen Paget, F.R.C.S.

The demonstrations of cooking, &c., during the 6th are especially arranged to meet the needs of nurses; but each day has in its programme items that will prove attractive to the various branches of the profession.

It is to be noted that this Conference not only supplies some of the technical needs of the profession, but gives them an opportunity of studying some of the educational health work which has of late years become an important part of many nurses' duties.

#### THE GENERAL PUBLIC.

The Health Conference and Exhibition will be held daily from June 7th to 12th, and an exceedingly interesting programme has been arranged.

The Conference Programme will be found on page iv.

#### NEAVE'S FOOD.

We have pleasure in drawing the attention of our readers to "Neave's Food," which has won for itself a high reputation as a substitute when mother's milk is not available for infants. It is well known that cow's milk when diluted does not contain the necessary constituents in right proportions. There are three varieties of "Neave's Food," and the first, "Neave's Milk Food," is a new food, free from starch, and, when prepared with the addition of hot water only, approximating very closely in composition to mother's milk. It is, therefore, suitable for giving from birth, and can be given with excellent results in conjunction with breast milk if the supply is deficient. The second preparation, "Neave's Food for Infants," can be used in succession to the Milk Food, while "Neave's Health Diet," a milk and cereal diet, has proved invaluable for the aged and convalescents, for nursing mothers and dyspeptics, as it makes little demand upon the digestive organs, and is highly nutritious. The Foods are supplied by Messrs. Josiah R. Neave & Co., Fordingbridge, who have received several gold medals for their preparations.

## OUTSIDE THE GATES.

### WOMEN.

The Duma Committee on judicial reforms has reported in favour of admitting women to the Russian Bar.

We rejoice to note the awakening upon the part of earnest men and women on the infamous white slave traffic. During the past fortnight several strong resolutions on the subject have been passed. Mrs. Curtis at a meeting at Clifton said that blot upon our civilisation would not be effectually dealt with till women were voters. Was it possible, she asked, that if members of Parliament had to answer to the women as well as the men of the country they would dare to raise their hat and say "I object" when a Bill in connection with the white slave traffic was before the House, as was the case a week or two back. In New Zealand, where women had the vote, there was no white slave traffic.

The Annual Meeting, held at the Caxton Hall, of the Ladies' National Association pledged itself to co-operate in the work of pushing forward the Criminal Law Amendment Bill (White Slave Traffic), 1912, which is in the charge of Mr. Arthur Lee, M.P. It will be remembered that Mrs. Henry Fawcett recently suggested that the carrying of this Bill in the present session would be the most fitting memorial to Mr. W. T. Stead. After a speech by Head Deaconess Katherine Beynon (Lahore) on the need of a refuge in Lahore, an anonymous donation of £500 was announced.

At the close of the trial for conspiracy of the Suffragist leaders, Mrs. Pankhurst, and Mr. and Mrs. Petlick Lawrence, they were found guilty by the jury, but the foreman added that the jury unanimously desired to express the hope that, taking into consideration the undoubtedly pure motives that underlay the agitation which had led to these troubles, the Judge would be pleased to exercise the utmost clemency in dealing with the defendants. In spite of this appeal the judge not only sentenced them to nine months' imprisonment in the second division, but ordered the prisoners to pay the large costs of the prosecution in the case.

We are not surprised that the Men's Federation for Women's Suffrage "places on record its profound regret that after a British jury had made the explicit recommendation that in view of the motives which dictated their action the utmost clemency and leniency should be exercised in respect of any sentence pronounced upon the Suffragist leaders, these illustrious prisoners, instead of being committed as political offenders to the first division, have been condemned as common felons."

## BOOK OF THE WEEK.

## UP TO PERRIN'S.\*

An admirable sketch of a holiday spent at a Cornish farm by a journalist, Theodora Baird, and her friend, Jenny Milton. Theodora, though a very charming woman, was, before all things, an egoist, albeit an unconscious one. "She believed herself to be as entirely 'original' as her critics declared her to be. When her crisp and slightly ironical epigrams expressed just what was in the air in fashionably cultured circles, a little vanity was no more than a pardonable weakness in one who had found success facile and appreciation ready. . . . Theodora was lying back on the fine turf with her hands under her head, staring up into the blue. "Never, never, will I do anything again. Do—good heavens, what a word! As if it was not enough for the likes of me to be."

"And to talk," said Miss Milton demurely.

Theodora sat up. "Yes, I do talk an awful lot sometimes," she admitted. Then she asked, "Whom are you writing to?" She knew quite well, but it tickled her sense of fun to see that Jenny still looked a trifle conscious and to hear the devout note in her voice as she answered, "Arthur."

"Jenny, you are a marvel. You are too Early Victorian for words, darling. Do you really think he reads them?"

Jenny had been engaged six years, and wrote to her fiancé three times a week.

Tom Perrin is a delightful person, and his unbounded belief in himself and his belongings is indeed a thing to be coveted.

"Now I'll show 'ee the greatest curiosity 'ee ever saw," he said, as he and Miss Baird continued their way along the shore.

The lifeboat stood ready on its carriage, beautifully white, with gay lines of red and blue upon the counter.

"That's the lifeboat," said Mr. Perrin superfluously.

"Yes," said Theodora. She began to think he really flattered himself that Targit was unique in such a possession, but he led her round to the side of the boathouse, and showed her a photograph.

"Job Perrin, Anthony Perrin, Thomas Perrin, David Perrin. Why, what a lot of Perrins!"

"They'm all our family," said Tom. "You might go all the world over and not find the like."

David, the younger Perrin, was a lighthouse man, and on the occasion of Theodora's visit to the lighthouse he conceives a romantic devotion to her which ends disastrously.

When the boat was made fast, Tom called to Theodora to jump ashore.

"It's all right; Dave'll catch 'ee," said Tom.

He held her above the elbow and called to his brother.

"And Dave did catch me—just like a cricket ball," said Theodora afterwards.

Presently he indicated some far distant point. Tom called to him,

"Can 'ee see Millers, Dave?" His speech broadened as he spoke to his brother.

"'Iss, I see her," Dave said.

"Us Perrins belong to have terrible good eyes," Tom remarked.

His simple, unaffected pride in his family and their infallibility was cruelly hurt when Dave failed to answer the call to man the lifeboat in a storm.

Hearing a cry of terror in the night from Theodora's room he had gone there to reassure her, and, almost frantic with fear, she had unconsciously clung to him. 'Twixt love and duty, he chooses the former, and the lifeboat goes on its perilous way without him.

Afterwards, fearing to compromise her, he lies under the charge of cowardice and Tom Perrin's scorn.

"Where was 'ee last night?"

Dave said nothing.

"Hiding, was 'ee, coward?"

Everyone should read for themselves this charming and pathetic story.

H. H.

## COMING EVENTS.

June 1st.—Central London Sick Asylum Nurses' League (Cleveland Street Branch), "At Home." 4 to 10 p.m.

June 1st.—Irish Nurses' Association. Meeting Executive Committee, 34, St. Stephen's Green, Dublin. 8 p.m.

June 4th.—Irish Nurses' Association. Social function, by invitation of Miss Phelan. Cyclists meet at the Crescent, Clontarf. 4 p.m.

June 5th.—The Leicester Infirmary. Nurses' Prize Distribution. 3.30; Tea, 4.15 p.m.

June 6th to 12th.—Nurses' Social Union, Health Conference and Exhibition, the Victoria Rooms, Clifton, Bristol. Nurses' Day, June 6th, 2 p.m.

June 7th.—Society for State Registration of Trained Nurses. Annual Meeting. Medical Society's Rooms, 11, Chandos Street, Cavendish Square. 4 p.m. Tea by kind invitation of Mrs. Walter Spencer, 2, Portland Place, W.

June 13th.—Colonial Nursing Association. Annual Meeting. Devonshire House, W. 3.30 p.m. Lord Amptill, G.C.I.E., will preside.

June 13th.—Leicester Infirmary Nurses League Annual Meeting, Nurses' Home, Leicester Infirmary. 3.15 p.m. Tea and Social gathering 4.15. Supper 6.30 p.m.

## WORD FOR THE WEEK.

I feel the earth move sunward,  
I join the great march onward;  
And take by faith, while living,  
My freehold of thanksgiving.

—WHITTIER.

\* By Margaret B. Cross. London: Chatto & Windus.



## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

## LITTLE CUCKOO FLOWER.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Your pitiful story of little Cuckoo Flower moved me greatly. I am not ashamed to confess that I wept over it, remembering a little child I knew who shared the same fate.

Although I do not always appreciate the methods of the militant suffragettes, I am a firm believer in Votes for Women, who will see to it when they get into power that a check is put on the production of degenerates, and that the brutes who defile little children do not escape with a pebble around their necks instead of the millstone which Christ assigned to them.

Please accept £5 towards the fund for women's votes, and believe me,

Yours faithfully,

GRACE BAXTER, R.N.

Ospedale Gesù e Maria,  
Naples.

[We are deeply touched and delighted by the appreciation and generosity of our kind correspondent.—ED.]

NO DIRECT REPRESENTATION OF  
TRAINED NURSES.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—To the least intelligent person it must be abundantly clear that to have no political status is to be out of the running. I have carefully read the correspondence between yourself—representing the National Council of Trained Nurses of Great Britain and Ireland—and the officers of the National Health Insurance Commission, and I am amazed at the stupidity and unfairness of your correspondents, who, in spite of your clear explanation of the difference between the representatives of a charitable institution, which employs nurses, and of self-governing societies of nurses, still refuse to give us representation on the Advisory Committee.

There is no body of professional women of more service to the community than trained nurses—the scope of their work is almost boundless. They are at present engaged in eight different branches of social service. All in the service of the State, of two of which the State makes *direct* use. The implication is clear—take all and give nothing. I see the Act does not limit the number of women who may be appointed on the Advisory Committee, so it is not too late to put further pressure upon the Insurance Commissioners, one of whom is a medical man, and who will surely sympathise with trained nurses in

their claim to just independent representation. May I suggest that a petition signed by influential members of the nursing profession, both in England, Scotland, and Ireland, be sent to the Chancellor of the Exchequer asking for the same degree of representation as has been accorded to all other classes of professional and industrial women workers, who are to be compulsorily insured. I shall be pleased to help to organise the petition.

I am, yours truly,

BEATRICE KENT.

IRISH NURSES AND DIRECT  
REPRESENTATION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Thank you for placing our just demands before the English Commissioners with so much force and lucidity. As I wrote you before, the Irish Nurses' Association took up this question of representation on the Advisory Committee, Ireland, and the local Health Committees months ago, and their representations received scant courtesy, and now, to add insult to injury, I see that Mr. Joseph A. Glynn, Chairman of the Irish Commissioners, when presiding in Dublin at the first meeting of the Irish National Insurance Commission, is reported to have said: "In the appointment of the Advisory Committee, Irish Commissioners had endeavoured to give fair representation to every body of persons interested!" Is it presumable, therefore, that trained nurses are not interested in the working of this so-called Health Act, and if not, why not? Any way, everyone of us poorly paid as we are, will be taxed, and when the time comes will be called upon to do all the hardest and worst paid part of the work. Fewer persons of quality and leisure, and more of the workers would have given "fairer" representation in my humble opinion.

"WIGS ON THE GREEN."

PREVENTION OF CHILD MORTALITY.  
OVERLAPPING OF EFFORT.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—We are informed by a circular issued last week from Glasgow, that a proposal is on foot to form a National Association for the Prevention of Infant Mortality and the Promotion of the Welfare of Children under School Age.

We desire to call attention to the fact that a national organisation of this description is already at work. This body is a special department, known as the Association of Infant Consultations and Schools for Mothers, of the National League for Physical Education and Improvement. The work which has been carried out by the League since its formation in 1905 includes: (1) The co-ordination and extension of already existing health-promoting agencies, and the formation of others where none exist; and (2) The promotion of fresh legislation where necessary.

Since its constitution in December 1911, the special department of the League concerned with child welfare has been at work on lines to a great extent identical with those set forth in the circular already referred to. It has secured the affiliation of 50 societies in all parts of the kingdom, comprising voluntary associations, municipal Infant Consultation centres and Schools for Mothers, and other institutions for promoting the welfare of mothers and infants and of young children generally, up to compulsory school age. It is further in close touch and constant communication with the rest of these societies. The General and Executive Committees, on which the medical profession is largely represented, are on a purely democratic basis and the members are all active workers on the various institutions they represent.

Already a considerable amount of useful practical work has been done. A great deal of literature (such as case-papers, weight charts, health leaflets, health posters, &c.) has been prepared by experts, and published at a cheap rate for the use of those who are engaged in this work; statistics have been collected and information, advice and help have been given in starting societies all over the country. One exhibition illustrative of this admirable welfare work has been held, and another is in course of preparation; and, finally, owing to the propagandist efforts of the League, the number of local Health Societies has been doubled within the last year.

Duplication of effort and overlapping are to be deprecated. It is greatly to be hoped that before this new Association comes into being, steps may be taken to ensure that there be no loss of energy or power, through preventible overlapping, in dealing with a question of such vital importance to the well-being of the whole nation.

Yours, &c.,

(Signed) W. BOYD CARPENTER.

LAUDER BRUNTON.

JOHN TWEEDY.

4, Tavistock Square,  
London, W.C.

### THE SUPERVISION OF MIDWIFERY STUDENTS.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—We are indebted to you for bringing to our notice many matters of interest to midwives in our JOURNAL; but I should like specially to thank you for your claim that attendance on midwifery cases by students or pupil midwives, unaccompanied by anyone competent to instruct them and supervise their work, should not be recognised by the Insurance Commissioners as qualifying for the Maternity Benefit. Those of us who follow up students' cases, subsequently have reason to know the urgent need for such supervision; and I think medical students would be the first to be thankful for such an arrangement.

If the mothers, or their husbands, pay for the attendance of a medical practitioner or midwife, through their Approved Societies, they are entitled to claim it; and I hope that the Commissioners will safeguard the interests of the lying-in women by insisting that the provisions of the Act shall be enforced unamended. The practical midwifery of both students and midwives would be of a higher grade than at present, when they undertake private practice, if they conducted their twenty requisite cases under supervision.

Thanking you once more for the stand you always make in the interests of adequate standards of training, and the efficient care of the poor in illness—if I may be allowed to include a confinement case in this category,

I am, Dear Madam,

Yours faithfully,

SUPERINTENDENT.

### REPLIES.

*Inquirer, Birmingham.*—Enquiries should be addressed to the Hon. Secretary, Trained Women Nurses' Friendly Society, 431, Oxford Street, London, W., sending a stamped envelope for reply.

*Maternity Nurse, Croydon.*—We felt sure you would find King's Patent Cooked Oatmeal satisfactory. Many midwives and trained nurses rely on it for providing the gruel which is so necessary and so comforting to the patient after a confinement, and subsequently, if she nurses the child. The fact that the oatmeal is already cooked, and consequently the gruel can be made in the shortest possible time ensures it a place in the outfit of many district midwives. It is, what it claims to be, "invaluable."

*Probationer, London.*—It is impossible for nurses to obtain experience in all the specialities during their three years' training. We advise you to acquaint your matron with your plans for the future, she will then probably bear them in mind in arranging your training. Most associations sending nurses abroad or to the Colonies make the certificate of the Central Midwives' Board a *sine qua non*.

### OUR PRIZE COMPETITIONS FOR JUNE.

*June 8th.*—How do you care for clinical thermometers? Describe the various methods of taking a patient's temperature, and the way in which you would proceed in each case. What points would you impress on a new probationer in connection with the use of thermometers?

*June 15th.*—Mention the principal points to be considered in the general care of the operating room.

*June 22nd.*—What symptoms would lead you to suspect puerperal thrombosis of the lower extremities?

*June 29th.*—Describe the methods of applying (a) dry cupping, (b) wet cupping.

# The Midwife.

## INTERESTING CASES.

Cases of interest are reported in the *Lancet* in papers read before the Obstetrical and Gynaecological Section of the Royal Society of Medicine.

The first, read by Dr. J. D. Barris, was an account of a case of retroflexion of the gravid uterus, complicated by hæmaturia. The patient, a multipara three months pregnant, had severe abdominal pain and difficulty in passing urine. This condition continued for a week, and then for a fortnight she passed urine every hour, the abdomen meanwhile becoming greatly distended. On admission to hospital an abdominal tumour was found, which extended to within one inch of the costal margin. The catheter was passed, and seven pints of urine drawn off; later on, another three and a half pints. The tumour then disappeared. On vaginal examination the cervix was found to be directed far forward, almost out of reach; the sacral hollow was occupied by the retroverted gravid uterus. The bladder was again emptied, and this time 28 oz. of bloody urine were withdrawn. The retroversion was then corrected, a rubber catheter was left in position for twelve hours, and for the next twelve hours the urine was drawn off four-hourly. There was no further hæmorrhage, and the patient made a good recovery. There was no cystitis.

It was thought that the hæmaturia, being in this case unaccompanied by cystitis, might have been due to the tearing of a vessel in the wall of the bladder, either from over-distension or from sudden relaxation on emptying the bladder. It has been demonstrated with the cystoscope that varicose veins of the bladder do occur during pregnancy, as well as varicose veins of the vulva, and hæmorrhoids.

Cases of this kind may occasionally come under the midwife's observation, though they occur so early in pregnancy that usually the patient has not yet engaged a midwife. When there is no pain and only partial retention of urine, or retention with incontinence, the patient frequently ignores or does not recognise the condition. If, however, any discomfort is felt, or complete retention is experienced, the patient will be very likely to consult a midwife who is known to her rather than a doctor. The duty of the midwife is, of course, to recommend the advice of a medical practitioner, though in the meanwhile she would be

acting rightly in relieving any immediate discomfort by passing a catheter.

This backward displacement, or retroflexion of the gravid uterus, is often corrected spontaneously during the first two months, and before the bladder has become distended or any distressing symptoms are felt. Later on, too, it may reduce itself spontaneously if the bladder is emptied, but it is then more often necessary to replace it artificially. Neglect of the condition may lead to abortion, ruptured bladder, cystitis, uræmia, or surgical kidney, all of which are grave complications.

The other paper was an account, read by Dr. H. W. Williamson, of a case in which the child died during labour from rupture of the umbilical vessels.

The mother had a generally contracted pelvis, but, as the head was small and entered easily, labour was allowed to proceed naturally for a time. Later on, as there was some hæmorrhage, which did not cease on the rupture of the membranes, forceps were applied, and the child was delivered without difficulty. It was pale, bloodless, and the heart was not beating. On delivery of the placenta, which was of the velamentous type, it was found that an umbilical artery was ruptured two inches from the cord, and the corresponding umbilical vein was greatly thrombosed.

Dr. Williamson points out that in cases of this kind the placenta is usually velamentous, and if the wandering vessels run in that portion of the membranes in front of the presenting part, they may endanger the life of the child in two ways: (1) by being pressed between the presenting part and the lower uterine segment, and causing asphyxia; (2) by being torn across on the rupture of the membranes, and causing hæmorrhage.

In the case quoted it is evident that both these mischances occurred, the rupture of the membranes and of the artery near the upper pole of the uterus being probably due to increased strain when, at full dilatation, the membranes failed to rupture at the cervix.

Dr. Williamson considers that the condition might be diagnosed during labour if the pulsating vessels were felt running across the presenting part of the bag of membranes. After bleeding has taken place, however, the case is usually mistaken for placenta prævia, or accidental hæmorrhage. If diagnosed before rupture, the best chance for the child's life lies in Cæsarian section.

M. F.



## MATERNITY HOSPITALS AND THE NATIONAL INSURANCE ACT.

The position of the Maternity Hospitals under the National Insurance Act is still engaging the attention of the authorities of these hospitals in Dublin, and last week a conference was held in that city to consider the position. The following delegates were present:—Mr. Wm. M. Murphy, J.P. (Chairman), Dr. Gibson (Master), and George Perry, Esq., J.P. (Coombe Hospital), Mr. Serjeant Matheson, K.C., Mr. Dudgeon and Dr. Jellett (Rotunda Hospital), and Mr. Patrick Lynch, K.C., Dr. White, and Dr. Horne (National Maternity Hospital).

The Chairman, having explained the objects of the meeting, Dr. Jellett explained the two ways in which the Insurance Act affects the maternity hospitals of the city: (1) If a woman enters a hospital she loses the benefit of the maternity clauses; and (2) The out-patients are precluded from the benefits of the Act unless attended by a duly qualified medical practitioner or registered midwife. This would injure the hospitals by affecting the attendance of their medical students on maternity cases. Dr. Jellett further stated that the Insurance Commissioners had been interviewed on the subject by a committee representing the general hospitals.

Mr. George Perry spoke of the number of confinement cases in single-room tenements, and contrasted the conditions with those of the maternity hospitals. He thought it cruel to prevent benefits being paid to patients admitted to hospitals.

Having considered the Act in relation to the maternity hospitals and the model rules framed by the Irish Commissioners, which were regarded as *ultra vires*, Mr. Serjeant Matheson, K.C., and Dr. Jellett were unanimously requested to draft a rule, by way of suggestion to the Commissioners dealing with the difficulties discussed at the Conference.

As we have before stated, we hope that although the out-patients of maternity hospitals may be attended by students, the Commissioners will insist on the presence of a registered medical practitioner, or a certified midwife at the confinement as a condition of the maternity benefit. Medical students and pupil midwives have for too long been allowed to attend maternity cases without adequate supervision, and it is time the hospitals amended their practice in this respect.

The Insurance Commissioners will be doing good service if they enforce the regulation in the sense that a qualified practitioner or midwife must be present at each confinement, though the delivery may be effected by a student or pupil midwife. The welfare of the lying-in woman demands the observation of this rule, but we see no reason why the practical work of medical students should not be supervised by certified midwives if medical practitioners cannot attend all the cases.

At the recent Health Conference in Dublin Dr. Horne expressed the opinion that the lying-in hospitals might have to be closed as a result of the National Insurance Act.

## TRAINED MATERNITY NURSES' ASSOCIATION.

Dr. L. Frazer-Nash delivered an interesting and lucid lecture on Hæmorrhage to the members of the Trained Maternity Nurses' Association at 33, Strand, London, W.C., on Tuesday, May 28th. She was introduced to the members by Mrs. Binnie, the Secretary, and the interest of the audience was well sustained throughout.

The lecturer spoke first of hæmorrhages in married women, which she divided into those which have to do with the child-bearing period, connected and unconnected with childbirth.

After dealing with the menstrual period, she said that a woman may have one or two periods after conception, but after the third month a loss means the detachment of a portion of the placenta, and therefore a cutting short of the blood supply of the child. Abortion may threaten, in which case the patient should be put to bed and an effort made to avert the abortion.

The lecturer explained the cause of hæmorrhage in placenta prævia, in which case, instead of being anchored to the safe upper segment of the uterus, the ovum slips down and becomes attached to the lower segment, near the cervix. In this position even a little jerk is apt to loosen a portion of the placenta, with the result that bleeding ensues.

In connection with post partum hæmorrhage Dr. Frazer Nash observed that when patients lose freely during labour they do not appear to be so liable to lose a great deal afterwards. Delay in the delivery of the placenta, uterine inertia, hæmophilia, or retained portions of membranes and placenta are apt to cause hæmorrhage. Secondary post partum hæmorrhage is caused by the introduction of germs into the uterus causing the clots closing the vessels to liquefy.

The lecturer then spoke of the menopause, and the tendency to excessive loss. She counselled consulting a doctor when irregular hæmorrhage occurs at this period, as it may indicate malignant disease.

## NOTES FOR MATERNITY NURSES.

The very useful booklet, published by Messrs. Allen & Hanburys, Ltd., 37, Lombard Street, London, E.C., on the above subject should be widely known to maternity nurses, for it is a *vade mecum* of all the information they are likely to require in a most handy form. Twelve copies of a very convenient Case Sheet are also supplied with the note book, which has been sent to every midwife on the Roll. Any nurse who has not received a copy can obtain one by applying to Messrs. Allen & Hanburys at the above address, and the Case Sheets are also supplied free on application.

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## EDITORIAL.

### THE CRIMINAL LAW AMENDMENT BILL.

The Criminal Law Amendment Bill, which in reality is one for the suppression of the White Slave Traffic, is a Bill which if its objects were understood by nurses would receive the whole-hearted support of every member of our profession. It is inconceivable that after nineteen centuries of Christianity this infamous traffic in the bodies of women and young girls for the enrichment of men should be countenanced for an instant in a professedly Christian country, and we welcome the statement of the Chancellor of the Exchequer that the Government hope to give facilities for the passing of the Bill, which has already been approved by the Home Office, during the present Session.

It is also with great pleasure that we have read the manly and outspoken letter on this subject in *The Times*, by Dr. Greville Macdonald, who writes that "Men in the past, not without reason, have been accused of a certain laxity on the subject, and even of a cynical acquiescence in a state of things abhorrent to all who realize this increasing curse of our civil life. The time has arrived when men must allow their finer feelings to exercise some control over public affairs, and to have done with Parliamentary limitations of the possible. The Bill is not drastic enough in the opinion of many, but is yet a long step in the right direction. Short though it be it is of supreme importance to the health of the people—physical as well as moral. . . The time has arrived for us men to affirm that another 20 years—such as those passed by Mrs. Josephine Butler in submission to insult, ignominy, cruelty before she secured the repeal of the C.D. Acts—

shall not pass fruitlessly and shamefully over our heads. The time has arrived for every man amongst us to realize that the essential womanhood of the unhappy white slaves is identical with that of our mothers and daughters, and that for the sake of our mothers' love we dare delay no longer. We are, as men, individually and collectively responsible, whether by active wrong or possible neglect, for this curse of our cities. Therefore, as men, every one of us must make what effort he can towards saving those innocent girls who, in their hundreds and thousands, are daily and hourly in danger of shipwreck."

When members of the medical profession speak out in this way, and when a meeting with a medical Lord Mayor in the chair is to be held in the Guildhall of the City of London, to support the general principles of the above Bill, we may hope that the question will be wisely and promptly dealt with. We advise nurses to obtain the Bill, and carefully study its provisions for themselves.

Meanwhile, let us realize that at the root of the evil of prostitution, and its attendant horrors, is the sweated labour and underpay of many women workers. To them the path of virtue is a thorny one indeed. The brightness, pleasures and enjoyment of life are impossible of attainment on the pittance which they earn, and youth naturally craves for happiness. But more than this the choice lies often between starvation and the streets, and a woman who has no vicious instincts often sells herself in order to earn the common necessities of life. When men begin to deal seriously with the social question, let them see to it that the minimum wage paid in women's occupations, not excepting nursing, is one upon which they can live decently and in honour.



## CLINICAL NOTES ON SOME COMMON AILMENTS.

By A. KNYVETT GORDON, M.B. CANTAB.

### RICKETS.

This is a disease of infants, and is really a disorder of nutrition, the effects of which are most obvious in the long bones, though they are not confined to these. It is entirely preventible; that is to say, it is due either to ignorance of the proper way of feeding babies, or to inability on the part of their custodians to provide them with the nourishment they should have. Even when the disease is fully established, it often subsides completely when the diet is changed.

The ideal food for babies is, of course, the mother's milk, and consequently we scarcely ever see rickets in breast-fed babies, unless weaning is very much delayed, until a time, that is to say, when breast milk is no longer entirely sufficient for the nutrition of the growing child.

The main factor in the production of rickets is a deficiency of fat, especially when this is combined with excess of starch and sugar, and too little proteid (or nitrogenous) food. Hence we see rickets most frequently in babies that are fed on patent foods alone which are, practically all of them, deficient in fat.

Some very interesting experiments were made some time ago in the Zoological Gardens on lion cubs. Those which were weaned early and fed on raw meat alone, all became rickety, while two fed upon rice, biscuits and raw meat, died of the disease. When some of the rickety cubs were given milk, cod liver oil, and pounded bones, they recovered, and in three months' time showed no sign of the disease at all. Two young monkeys were fed upon vegetables only, and they became rickety also.

Similarly, in babies the chief cause of rickets is giving the infant "what we has ourselves" or such things as sweetened condensed milk, which is usually deficient in cream. When one comes to think of it, the ignorance on this subject is both widespread, and appalling in depth. Apart from the gross carelessness which allows a baby to feed upon cabbage and potatoes—a state of things which is well known to every district nurse, for instance—we have the well-meant ignorance which thickens the milk in a septic bottle with patent food or "baked flour" (a northern abomination) or gives the baby biscuits to keep it quiet, and then gin or soothing syrup for the consequent stomach ache. The worst of patent

foods is that they make a baby fat, which is taken by the uninitiated as a sign of health. Surroundings have something to do with it as well, for in the country children stand improper feeding to an extent which would result in a town in the development of rickets in a very short time. It is uncommon in Jews because even the poorest suckle their children.

The change in the bones is interesting; normally the long bones grow in length by the production of bone in the cartilage between the shaft and the portion at each end which is called the epiphysis, and in thickness by a similar production just below the periosteum or covering of the bone. In rickets there is an overgrowth of soft tissue in both these situations, but the new growth does not become bone. The exact cause of this is not well understood; but we know that the lime out of which bone is normally formed does not reach the bones, but is passed in excess instead in the urine. We do not know why a deficiency of fat in the diet should have this effect. Later on, if the diet be corrected, the lime salts get to this new tissue and it becomes bone.

If the child is allowed to put any strain on these soft bones they bend, and become deformed; consequently we see deformities in the legs when the child is allowed to walk too soon.

To enumerate the signs according to the bones affected we have a large head, flattened chest (from the strain of respiration), and swellings of the wrists and ankles—at the epiphyses, that is to say, of the long bones. Inasmuch as the ribs have epiphyses also, we can feel a row of beads on running the hand down the side of the chest, which has been called the rickety rosary. The enlargement of the head is most marked at the sides and forehead, so that the child appears to have a square head, and the space between the bones of the skull, which should be closed at the ninth month or sometimes earlier, often remains open until eighteen months or two years. The spine may be curved backwards or, less frequently, sideways. When the child is allowed to walk too soon, in addition to curving inwards or outwards of the legs, giving rise to knock knee or bow legs respectively, the pelvis is flattened and its outlet narrowed. Consequently, in females we may get trouble, when they grow up and have children, from obstruction to the passage of the head in delivery. Teething is prolonged and troublesome, and the teeth, when they arrive, are very prone to decay.

Apart from the bone changes, rickety children are anæmic, and subject to flatulence—



hence the prominent abdomen—and attacks of indigestion and diarrhoea, or sometimes obstinate constipation; convulsions are not uncommon. Sweating about the head at night is almost invariable.

The treatment of rickets consists obviously in the removal of the cause to begin with, and then in the correction of the deformities by surgical methods, operative or gymnastic.

As regards the removal of the cause, it is, I think, important that we should not talk medical cant. The main trouble is often not so much ignorance, or even carelessness, as deficiency of the wherewithal to purchase proper food. Few things are more nauseous than to hear a young medical man in the out-patient department of a hospital advising the mother to give her rickety baby plenty of milk and cream. Often the true origin of rickets is the drunken father who does not give his wife enough to buy anything but condensed milk for the baby. Or the mother may be unable to suckle her child because she has to go out "charing" and cannot take the baby with her. I once actually heard a young house physician tell a mother, who I should imagine lived herself chiefly on bread and stewed tea, to take her baby to the seaside and give it plenty of cream!

A little higher up in the social scale one comes across the ignorance that is associated with patent foods and nursery biscuits, and here one can do good by "rubbing it in," together with advice to avoid the accumulated sepulchral wisdom of the neighbour (or mother-in-law) who has "buried ten."

A rickety child should be fed really upon milk with extra cream, but cod liver oil or other form of fat is useful provided the child can digest it. Often it cannot until some degree of stomach derangement has received appropriate treatment; and here, again, the practice that obtains in some hospitals of dealing out this malodorous lubricant indiscriminately to all and sundry out-patient babies is rather mistaken. Some of the modern preparations of fat of the "Virol" type are often useful for those who can afford them.

It is sometimes useful to give the salts of lime internally in the form of calcium hypophosphite; but all the lime in the world given by the mouth will not reach the bones if the patient is unable to put it there, and this is the real difficulty with the rickety child.

We have next to think about the correction of the deformities that arise from bending of the softened bones, and our first care must be to take off any pressure from them, and so

prevent the deformity arising if we see the child early enough to be able to do this. We can stop the pressure on the legs by telling the mother to keep the child off his feet; one way of enforcing this is to place the legs in splints which project about two inches below the feet. In infancy we cannot do much for the rickety chest, but later on it can be "expanded" by breathing exercises, and "physical culture" with some form of developer or dumb-bells. The rickety spine can be straightened by massage, combined with keeping the child flat on a couch, or, in the case of an infant, slinging it in a hammock. In all these cases we have to remember that the natural tendency of the growth of the child is towards correction of the deformity, provided that we can prevent it getting worse while we are looking after the feeding of the child.

When the child is not seen until permanent knock knee or bow leg has been established, the legs must be straightened by dividing the bone, or taking a piece out of it, and then fixing the legs in splints until the bones have set in their new position.

After all, the main remedy for rickets is education.

## OUR PRIZE COMPETITION.

**HOW DO YOU CARE FOR A CLINICAL THERMOMETER? DESCRIBE THE VARIOUS METHODS OF TAKING A PATIENT'S TEMPERATURE, AND HOW YOU WOULD PROCEED IN EACH CASE. WHAT POINTS WOULD YOU IMPRESS ON A NEW PROBATIONER IN CONNECTION WITH THE USE OF THERMOMETERS?**

We have pleasure in awarding the prize this week to Miss N. Windle-Hunter, 8, New Cavendish Street, London, W. The very excellent paper sent by Miss M. Dods is unfortunately disqualified by being nearly 800 words in length, which is regrettable, as it is admirably thought out and written.

### PRIZE PAPER.

Clinical thermometers are very fragile, easily broken, and consequently require careful handling. When not in use they should be kept in their little metal cases in a cool, dark place, and, when in use, in a small glass receptacle, with a little aseptic cotton wool at the bottom, to protect the bulb, and some cold antiseptic solution, such as carbolic 1 in 60, reaching almost to the end of the stem.

Before taking a temperature the thermometer should be dried carefully with as little friction as possible, and after use should be cleaned with a damp wool swab and placed back in the lotion, where it should remain 30 seconds before taking another temperature.

There are four methods of taking a patient's temperature—in the (1) axilla, (2) groin, (3) mouth, (4) rectum.

(1) After the thermometer has been lightly dried the nurse should examine it to make sure it is not above 95 degrees; then, if the patient is sweating at all, the axilla should be carefully dried and the thermometer placed in position with the bulb right in the axilla, and the rest of it parallel with the arm and between it and the chest.

The arm is then brought across the chest, the other hand placed on the elbow to keep it steady; if the patient is unable to do this, the nurse must hold the arm in position herself.

(2) Proceed in the same way as for the axilla and when the thermometer is in position the legs should be crossed at the knees if possible.

(3) The thermometer should be rinsed in cold water, dried, and placed under the tongue, and the lips tightly closed, so that cold air does not enter and prevent the correct temperature being registered.

(4) This is perhaps the most reliable method. The rectum should be empty of faecal matter; the thermometer, lubricated with vaseline, then introduced one and a half inches, and left in position the time required.

The points to impress on a new probationer are:—

(a) Always to put the thermometer in position and take it away herself.

(b) If an unexpected high temperature is registered to take it a second time with a different thermometer, in case there is a fault in the first one.

(c) Always disinfect the thermometer between each patient's temperature.

(d) In order to have a correct chart take the temperatures at the same hours each day and in the same place, as it varies at different times of the day and in the different parts of the body.

(e) Temperatures should be taken before washing, as the latter always lowers the temperature slightly.

(f) When the temperature is to be taken in the mouth it should not be within half an hour after food or drink.

(g) Children and delirious patients should never have the thermometer in their mouths, or they might break it. Always stay with these patients and hold the thermometer in position.

(h) Never try to take the temperature by mouth when breathing through the nose is difficult.

(i) Half-minute thermometers should be left in position double the time, to be quite sure.

#### HONOURABLE MENTION.

A number of excellent papers have been received this week, and there has been some difficulty in awarding the prize. Honourable mention is accorded to Miss M. Dods, Miss E. M. Rogers, Miss M. Eaves, Miss G. Nash, Miss M. Punchard, Miss E. Ramsay, Miss A. Welchman, and Miss L. Nunnerley.

Miss Nunnerley emphasises the necessity for keeping the thermometer in a strong antiseptic lotion, "otherwise it is a very sure means of conveying germs from one patient to another, especially in a hospital ward, where one thermometer goes the round of many people. In all contagious cases the patient should have a separate thermometer. . . . Never use the same thermometer for the rectum as in the mouth."

Miss Welchman gives, among the points to impress on probationers, "to inquire from the senior nurse where a temperature has previously been taken, as it is usually a degree higher in the mouth, and a degree and a half in the rectum, than in the axilla or groin."

Miss Ramsay, who advises that thermometers should be kept in a glass jar containing absorbent cotton thoroughly saturated in carbolic lotion 1 in 40, and covered with stretched jaconet, previously perforated for the number of thermometers in use, points out that care should be taken not to use the lotion too strong, or it will in time obliterate the markings on the thermometers.

Miss M. Punchard writes that probationers should be trained to take the temperature at the same time each day, not to take it immediately after washing a patient, or after undue excitement, or when from any exertion or exposure the body temperature may be altered temporarily.

Miss M. Dods points out that "in cases of phthisis rectal temperatures are usually preferred when possible. Young infants frequently strain and pass faeces when the bulb of a thermometer is inserted. This may cause injury to the delicate lining membrane of the rectum; therefore for them the groin is the usual site chosen for taking temperatures."

#### QUESTION FOR NEXT WEEK.

Mention the principal points to be considered in the general care of the operating room.

The Executive Committee of the Irish Nurses' Association held their last meeting for this Session on Saturday, June 1st, at 8 p.m. There was a good attendance. Miss Reed was elected to go as delegate to represent the I.N.A. at the Conference of National Union of Women Workers being held in Oxford the end of September.

## AN IDEAL REST HOUSE.

How often one does the wrong thing, just because one does not know what is the best thing to do. For instance, how come in contact with the most sympathising and therefore understanding physician—how choose just the right surgeon for certain operations—how obtain that ideal nurse we know exists to suit a certain temperament—where go for expert treatment—where convalesce? How often by chance the wrong person and place is chosen, just because one is not well advised. Thus the doctor orders a Rest Cure, and by some freak of fate the patient finds herself in a nursing home in a noisy city street, backing on to a mews where motors growl and groan and spit spitefully, and where poor doggies bow-wow—how cruel it is, that instead of bounding over sward and heather they are chained in a dark and narrow space—where the open windows only admit smuts and noise, instead of the fresh and balmy breezes the poor nerve-racked system requires! We all know how almost impossible a rest cure is in a town, and yet where to go for skilled treatment—that is the question? We can tell you.

Many years ago we took a little driving tour in May through the flowery land of Surrey, jogging along with great content behind a fat old pony, a wise beast which just stopped short at the foot of every hill, and intimated plainly without one word, "Get out, lazy biped." So we got out, and when we came to Haslemere we kept out right up to Hindhead. It was so long ago that we met no motors, and we could have cruelly disposed of a dozen sailors (instead of one) on these lonely heights, without being caught red-handed!

A few days ago we came again to Hindhead, specially to see the Hindhead Nursing Home, organized for the reception of nerve cases and special treatment by Miss Edla Wortabet. As we whirled by motor up on to the heights, the flowery lanes were as sweet and lovely as of yore. But the scene had changed. Man had come along and seen that it was good, so he had built beautiful houses and planted fine gardens, and on a splendid elevation, with a glorious view stretching away for miles and miles, we found the ideal Rest House, built for the purpose, fitted with new and scientific appliances for the relief of suffering, and furnished and conducted as a home, and not as an institution. Just an ideal place in which to try to recover the nerve balance, so rudely disturbed by the over-pressure of the poor long-suffering human brain, in these days of ruthless competition and strain

Here the sanitary arrangements are perfect. The comfort of the patient is considered in every detail. Dainty furnishing, highly skilled nursing, and, beyond all things important, appetising food beautifully served. It is rather humiliating, but we have come to the conclusion that nourishment, just the right meat and drink, is the most important item in the treatment of seriously sick people. It sounds rather gross and greedy, but, if one considers the question without prejudice, it is a really rational conclusion at which to arrive. Anyway, after close inspection of the charming Hindhead Nursing Home, the three delicious meals we demolished in a very short space of time have left a lasting impression of their importance in the scheme of existence.

The average kitchen is not just the spot in which one would be tempted to pick up an appetite, but at Hindhead, if the patients really need a flip, let them peep into the airy kitchen, and see the smiling young Danish *chef* (an aseptic apparition in his white costume) cajoling the ingredients simmering in the burnished pans, or with subtle touch etherealising the fruits of the earth into food fit for the Gods!

We feel sure Miss Wortabet will be pleased to permit doctors, nurses, and patients' friends to visit the Home, so that they may realise for themselves how delightfully it is situated, what pure and bracing air passes through it (verandahs and windows are all wide open), and how much conscientious thought and care are hourly expended, so that the work accomplished for the benefit of the sick may be of the most beneficial and permanent standard.

E. G. F.

## MIDLANDS ASSOCIATION OF MATRONS AND LADY SUPERINTENDENTS.

A special meeting of the Association was held at the General Hospital, Birmingham, on May 30th, when Miss Mollett was present by invitation to speak on the subject of the National Insurance Act and on the formation of a Trained Women Nurses' Friendly Society. Over thirty members were present, and many joined in the animated discussion which followed Miss Mollett's most interesting address. At the close of the meeting a very hearty vote of thanks was accorded to Miss Mollett.

In the evening of the same day Miss Mollett spoke to a meeting of nurses at the hospital. Leaflets and cards were distributed after each meeting.



## THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

### OUR ANNUAL MEETING.

We hope members of the Society for State Registration will make every effort to attend the Annual Meeting on Friday, 7th inst., at 4 p.m., to be held at 11, Chandos Street, Cavendish Square, W. Dr. Chapple, M.P., who has kindly consented to speak, will do so, we feel sure, in a most sympathetic and instructive manner. All members present at the meeting will be welcomed at its close by Mrs. Walter Spencer to tea at 2, Portland Place, W.

The following Resolutions will be brought before the Annual Meeting of the Society for the State Registration of Nurses:—

### RESOLUTIONS.

Proposed by Miss M. Heather Bigg, Matron, Charing Cross Hospital; seconded by Miss L. V. Haughton, Matron, Guy's Hospital.

"That the Tenth Annual Meeting of the Society for the State Registration of Trained Nurses notes with regret that the Government have not yet granted facilities for the discussion of the Nurses' Registration Bill, now for the ninth year before the House of Commons, and would most earnestly plead that effect should be given, at the earliest possible date, to the unanimous recommendation of the Select Committee on Registration of Nurses (1905), 'that it is desirable that a Register of Nurses should be kept by a Central Body appointed by the State.'

"This Society begs to draw the attention of the Government to the fact that the Nurses' Registration Bill is now supported by the following medical and nursing societies, representing a united membership of 30,000 registered medical practitioners and trained nurses, resident in every quarter of the United Kingdom:—The British Medical Association, the Matrons' Council of Great Britain and Ireland, the Royal British Nurses' Association, the Society for the State Registration of Trained Nurses, the Fever Nurses' Association, the Scottish Nurses' Association, the Association for the Promotion of Registration of Nurses in Scotland, and the Irish Nurses' Association.

"Further, that the opposition to the organisation of trained nursing by the State emanates from a few hospital governors and officials, and from the medical and nursing staffs under their control, and not from any organised associations of either medical practitioners or nurses.

"Further, that forty-two Acts have already been passed for the Statutory registration of trained nurses in various parts of the world, *i.e.*, in the South African States of Cape Colony, Natal, and the Transvaal; in New Zealand; in Queensland, in the Commonwealth of Australia;

in the Province of Ontario, in the Dominion of Canada; in thirty-four of the United States of America; in the German Empire; and in Belgium, and that it is imperatively necessary for the welfare of the sick in this country, and for the trained nurses who serve them, that a minimum standard of nursing education shall, at an early date, be enforced by Act of Parliament, so as to enable these indispensable workers to give a guarantee of efficiency to the public, and to avail themselves of a system of reciprocity, in the exercise of their profession, in Dominions beyond the Seas."

Proposed by Miss H. L. Pearse, Superintendent, L.C.C. School Nurses; seconded by Mrs. Shuter, representative League of St. Bartholomew's Hospital Nurses.

"That the cordial congratulations of the Society for the State Registration of Trained Nurses be offered to the Nurses' Associations in the British Dominions of Queensland and Ontario and, in the United States of America, in the States of Delaware, South Carolina, and Rhode Island, on the enactment of State Registration Laws."

Proposed by Miss E. B. Kingsford; seconded by Miss Beatrice Kent.

"The Members of the Society for the State Registration of Trained Nurses, in General Meeting assembled, protest against the exclusion of the Trained Nurses' Organisations from direct representation on the Advisory Committees under the National Insurance Act, and consider this exclusion the more unjust as every other class of women, both employers and workers, whose interests are affected by the operation of the Act, have been accorded this privilege by the Insurance Commissioners, through their professional and social Associations, or Trades Unions.

"This meeting begs respectfully to bring this grievance to the personal knowledge of the Chancellor of the Exchequer in the hope that he will at once direct that it shall be removed."

Invitations are being sent out for June 21st by Lady Helen Munro-Ferguson to about forty matrons and nurses who have taken an active part in the movement for the State Registration of Trained Nurses to meet Members of Parliament and others whom it is desired to interest in the Nurses' Registration Bill. Several matrons have been asked to make short speeches, taking up various points of interest from the professional and social point of view. The fact that Registration Acts are now in force in so many British Dominions, and that in India the National Association of Matrons and Nurses are pushing forward their demand for legal status, is bringing home the fact to our legislators that action on this question has been far too long delayed.

## THE INTERNATIONAL COUNCIL OF NURSES.

### THE WATCHWORD.

Mrs. Bedford Fenwick has been invited by Fraulein Karll, the President of the International Council of Nurses, to deliver the Watchword in English at Cologne for the next triennial period—as she has done on three previous occasions. The words of inspiration already given have been Work, Courage, and Life. Mrs. Fenwick has chosen Aspiration for the keynote at Cologne, and the President will sound it in German.

Although all the Societies forming the National Council of Nurses are directly represented by the four delegates selected to take part in the International Council Meetings, it shows a keen interest in the Congress that so many of the affiliated societies intend to send representatives. The League of St. Bartholomew's Hospital Nurses have nominated Miss M. E. Hunter, who speaks German fluently; the General Hospital, Birmingham, Nurses' League have selected Miss McFarlane, Matron of the Kidderminster Infirmary; and St. John's House Nurses' League have appointed their Hon. Secretary, Miss Mary Burr. The Irish Nurses' Association have selected Miss Carson Rae.

The Nursing Exhibition at Cologne will be opened in the Marzel Gymnasium on Saturday, 3rd August, at 11.30, and will remain open throughout the Congress week. The National Council of Nurses of Great Britain and Ireland intend to show small practical nursing appliances. Any nurse wishing to show such appliances and nursing comforts may communicate with the Hon. Secretary, International Nursing Exhibit, 431, Oxford Street, London, W., and if thought suitable it can be included in the British section.

Miss Barton, Matron Chelsea Infirmary, is lending her collection of exquisitely dressed dolls in uniform; they are perfect, and will arouse great interest.

### CRADLE COMPETITION.

At the Health Conference and Exhibition, to be held from June 24th to 27th at the Horticultural Hall, Westminster, prizes are offered by the National League for Physical Education and Improvement for the best improvised Cradle complete with bedding. First Prize, £1 1s.; 2nd prize, 12s. 6d.; 3rd prize, 7s. 6d. All information concerning this interesting competition can be obtained from Miss G. Halford, Secretary, 4, Tavistock Square, London, W.C.

## BRISTOL HEALTH AND NURSING EXHIBITION AND CONFERENCE.

### VICTORIA ROOMS, CLIFTON.

By the time our readers receive this week's issue of the JOURNAL the Bristol Health and Nursing Exhibition and Conference will be in full swing. Thursday, the 6th, was Nurses' Day, to which we have given a previous notice, and which we hope to fully report next week. The Exhibition will be opened at 2 p.m., on Friday, June 7th, by Lady Smith, when the Right Rev. the Lord Bishop of Bristol will be in the chair, and there is no doubt that visitors both to the Exhibition and Conference will find a vast amount of instruction.

One of the notable features of the Exhibition is the fact that the whole Exhibition has been mainly got up and worked by nurses.

Another very striking feature is the way in which they have been backed up and helped all through by the medical profession, not only by those living in Bristol itself, but by the Medical Officers of Health of the neighbouring towns and counties.

Another new departure is the setting apart of Monday, June 10th, as a special day for mothers, when accredited parties of those who belong to the Mothers' Union and Mothers' Meetings or Adult Schools, can be admitted with specially cheap tickets, for only 2d., and have a unique opportunity for education through the many alluring demonstrations and stalls set before them.

The trade exhibits are a very interesting department, and will form a special attraction to the nurses coming in to Bristol from the rural districts, and judging from the number of railway vouchers applied for, these will be many. Many first-class firms have Stands, amongst them are:

S. FRY & SON, LTD.—Pure Concentrated Cocoa, Malted Cocoa, and Breakfast Cocoa, and Milk Chocolate.

FERRIS & Co., Union Street, Bristol.—Sections for Infant Care, Nursing Requisites, Midwifery, First Aid, &c.

J. WRIGHT & SONS, Bristol.—Papier Maché Models, Diagrams, Books bearing on Nursing Matters.

HORLICK'S MALTED MILK CO., Slough (Bucks).—Horlick's Malted Milk in Powder, Tablet form, and Solution.

LEMCO AND OXO, Thames House, Queen Street Place, London, E.C.—Lemco, Oxo, Oxo Cubes, Nursing Oxo, Bifti, Fray Bentos Corned Beef, and OX Tongues.

QUIBELL BROS., LTD., Newark-on-Trent.—Kerol, Lano Kerol; the rooms will be disinfected daily with Kerol.

MME. ROBSART & Co., 1, Oriel Street, Swindon.—Nurses' Outfitters.

The Conference will be held daily at 3 p.m.; and a Popular Lecture given at 8.30 p.m.—of which details will be found in the Official Handbook.



## THE PASSING OF THE PIONEERS.

## MARY ANN HARRIET ALLEN.

Miss Mary Ann Harriet Allen has died lately at Bristol. She was a woman of great mental powers and her vast knowledge, her artistic skill, and the wide range of her sympathies with all who are desolate and oppressed make her stand out as a nurse of the fine and beautiful order, which produced in the last century such women as Florence Nightingale and Isla Stewart. Mary Allen was the daughter of the late Venerable Archdeacon Allen, who was a most interesting and pious divine, whose characteristics were in Thackeray's mind when he created the character of "Major Dobbin" in "Vanity Fair." He was the contemporary and friend of many intellectual giants and Mary Allen used to recall their visits, and remembered Thackeray talking to her and placing his hand kindly on her head. From the most comfortable of country vicarages, Mary Allen went forth to join the St. John's Sisterhood, and to work in London at King's College Hospital to qualify herself for the work to which she afterwards devoted her life. She took charge of a Home for Governesses at Scarborough for several years, and won the affection and esteem of all who came in contact with her. She spent several winters in this work, and then, through a moving speech which she heard made by Bishop Steere (Head of the Central African Mission), she made up her mind to devote her life to foreign mission work. She started out to Zanzibar and here she stayed for nine years, her principal work being the care of slaves who had been freed, whose position was pitiable in the extreme; they were rescued from the slave dhows by British men-of-war which were at Zanzibar for this purpose, and after found their way into the town in an absolutely destitute and oftentimes diseased condition. Mary Allen also was all the time doing missionary work as well, and with her own hands she helped to mould some of the capitals of the Cathedral that now stands where the old slave market used to be at Zanzibar. Her father and she also collected £500 to build a gallery, where the Mohammedan women might listen to the service in seclusion. In later years she conducted a missionary school in Cairo. She later on, under Bishop Blythe, founded a hospital at the foot of Mount Carmel. Miss Allen was a pioneer of that great movement of the early sixties, which induced many refined and educated women to take up the profession of nursing and to lend to it a significance and a position which it never had before.

"She who would win the name of truly great,  
Must understand her own age and the next.  
The future works out great souls' destinies;  
The present is enough for common souls."

—Lowell.

MADELEINE GREENWOOD.

LOCAL GOVERNMENT BOARD,  
SCOTLAND.

## EXAMINATION OF NURSES.

The following are the names of the nurses who gained the certificates of the Local Government Board of Scotland in General Nursing, and Fever Nursing, at the May examination, held at Glasgow, Edinburgh, Dundee and Aberdeen:—

## I.—CERTIFICATE IN GENERAL TRAINING.

Modesta H. Amour.	Marion S. Rankin.
Mary F. Burns.	Euphemia Robertson.
Nellie M'N. Cameron.	Mary C. Scott.
Jeanie F. L. Dawson.	Isobel J. G. Watt.
Wilhelmina C. L. Dawson.	Lilian M. Watt.
Mary Lelaney.	Mary Allardice.
Jean M'M. W. Gibson.	Jean S. R. Anderson.
Kate M'L. Graham.	Catherine B. Kydd.
Annie Hadden.	Mary H. M'Laren.
Margaret A. Hamilton.	Mabel Wilson.
Georgina Johnstone.	Nellie C. Young.
Margaret Morgan.	

## II.—CERTIFICATE IN FEVER TRAINING.

Annie C. Black.	Hannah B. Esslemont.
Margaret S. Bowie.	Janet F. Gibb.
Annie L. Clarkson.	Margaret Grant.
Margaret M. Cunningham.	Minnie Hood.
Agnes Fraser.	Hester L. Lewis.
Margaret K. Lawton.	Elizabeth B. Masson.
Elizabeth Leadbetter.	Jane Millar.
Elizabeth S. Maxwell.	Agnes Mitchell.
Jessie L. McDonald.	Margaret A. Mitchell.
May K. McKenzie.	Dina Mitchell.
Edith A. A. Spark.	Jeanie L. McCaughtrie.
Elizabeth M. Thompson.	Mary D. MacLeod.
Ann Adams.	Helen J. Neish.
Helen M. Adamson.	Lilian F. Reed.
Phyllis E. Adamson.	Alice B. Robertson.
Catherine Beaton.	Elizabeth A. Ross.
Margaret R. Campbell.	Annie B. Semple.
Bessie Coltman.	Elizabeth K. Stevenson.
Elsie C. Copland.	Katherine D. Stewart.
Christina M'I. Davidson.	Agnes MacD. Wallace.
Margaret L. Dunsmuir.	Agnes Westwood.
Agnes Edwards.	Jessie M'K. Winchester.

## PRESENTATION.

At a meeting of the Netherton District Nursing Committee held recently at the Public Hall, a presentation was made to Nurse Crossley, who for the past three years has been the district nurse, and who has resigned her appointment. Mrs. Plant, as President of the Association, made the presentation, which consisted of a gold and enamelled pendant watch, subscribed to by the members of the committee, and spoke in eulogistic terms of Nurse Crossley's services. Nurse Crossley expressed her gratitude for the beautiful gift and for the past kindness of all.

Trained nurses interested in professional organization should write to the Hon. Secretary for a form, and join the Society for the State Registration of Nurses. Office, 431, Oxford Street, London, W. Don't stand aside whilst the few do all the work.



## APPOINTMENTS.

**MATRON.**

**City of London Hospital for Diseases of the Chest, Victoria Park, E.**—Miss Lilian G. Dalton has been appointed Matron. She was trained at King's College Hospital, W.C., and holds the position of Assistant Matron to the Royal Free Hospital, London.

**Buxton and District Cottage Hospital, Buxton.**—Miss Mary Webster has been appointed Matron. She was trained at the North Devon Hospital, Barnstaple, and has been Sister at the General Infirmary, Macclesfield; Sister of the Women and Children's Wards at the Bridgwater Infirmary; Matron of the Cottage Hospital, Goole, and Matron of the Hyde Nurses' Home.

**MATRON NURSE.**

**The Infirmary, Alnwick, Northumberland.**—Miss May Godson has been appointed Matron Nurse. She was trained at the Queen's Hospital, Birmingham, and has held the position of Matron at the Fleetwood Hospital, Fleetwood, Lancs, and Sister at the Clayton Hospital, Wakefield, and the County Hospital, Newport.

**ASSISTANT MATRON.**

**West House, Royal Edinburgh Asylum, Edinburgh.**—Miss Ellen Baxter has been appointed Assistant Matron. She was trained at the Dundee Royal Infirmary, and the James Murray Royal Asylum, Perth, and has held the position of Sister at the Belfast Hospital for Sick Children, and at the Royal Hospital for Sick Children, Glasgow, and of Assistant Matron at Kingseat Asylum, Newmacher, Aberdeenshire.

**MASSAGE SISTER.**

**Queen Mary's Hospital, Carshalton.**—Miss L. Champ has been appointed Massage Sister. She was trained at the Swedish Institute, Cromwell Road, S.W., in massage, Swedish remedial exercises, medical electricity and teaching of massage and anatomy.

**QUEEN VICTORIA'S JUBILEE INSTITUTE.****COUNTY SUPERINTENDENT.**

Miss Kate Taylor is appointed to Berkshire. Miss Taylor received her general training at Guy's Hospital, and her midwifery training at Cheltenham. Subsequently she worked as Queen's Nurse at Cheltenham, and as Superintendent of the Watford Training Home. Miss Taylor holds the C.M.B. Certificate.

*Transfers and Appointments.*—Miss Annie Woods is appointed to Burnley, as Senior; Miss Annabella Broadfoot, to Ipstones; Miss Lois Dawson, to Warwick; Miss Edith Deadman, to Winsham; Miss Emily Faram, to Gateshead; Miss Louise Foden, to Shoreham-by-Sea; Miss Margaret Halpin, to Hereford; Miss Edith Lovell, to Warwick; Miss Ethel Mason, to Paddington; Miss Frances E. Salmon, to Reading; Miss Ellen Sanigear, to St. George's; Miss Mary Smith, to Combe Martin.

## NURSING ECHOES.

It is felt by many nurses that as the majority will be compelled to insure under the Insurance Act that to meet their special needs it will be more advantageous for them to form an Approved Society of their own; for this reason the Trained Women Nurses' Friendly Society is being formed. Nurses do not wish to have to contribute to the maternity benefit, as they would have to do if they joined men's societies, and also if they joined with a class of women who will continue to insure after marriage. As the maternity benefit for illegitimate births will fall upon the funds of the women's societies, nurses, by having a society of their own, will reduce this expenditure to a minimum, and thus have more money for the benefits they require. The address of the above Society is at 431, Oxford Street, London, W.

A meeting to commemorate the 55th anniversary of the London Biblewomen and Nurses' Mission will be held at the Mansion House on June 10th, at 3.30 p.m., by permission of the Lord Mayor, who will preside. Short speeches on the needs of the London poor, and the efforts of the Society to meet them by means of trained mission workers and fully qualified district nurses, will be made by friends of the movement, amongst them the Ven. Archdeacon of London, M.A., and Miss Puxley, the General Secretary.

A very useful little bit of work is to be begun at the Bognor Convalescent Home of the East London Hospital for Children at Shadwell. The Home contains 28 beds for boys, girls, and infants, nursed by a staff of a Sister with the help of a staff nurse and two probationers. It is now proposed to admit two ladies as pupils in nursery nursing—which means the management of children, their clothing, mending of same, light laundry work, and as much practical knowledge of nursing proper as can be arranged. The fees are £6 10s. a quarter (10s. a week), and a certificate of efficiency will be given after six months' satisfactory work. Pupils must provide their own uniform, but their washing will be done for them. Miss Row, Lady Superintendent, Children's Hospital, Shadwell, will give further information.

On June 12th and 13th there will be a Sale of Work and of home-made sweets, jams, and cakes at 80, Nichols Square, N.E., the home of the Shoreditch and Bethnal Green District Nursing Association. The Sale will be opened

on the first day by Lady Ellenborough, and on the second by Mrs. M. Lloyd. Most excellent work is done by the fully trained nurses on this staff.

Mrs. Gerald Maude, who is furnishing the Nurses' Stall at the "Rose" Bazaar in aid of the Hospital for Women and Children, 283, Harrow Road, W., makes a very earnest appeal for the co-operation of nurses, and will be thankful to receive either (a) a small contribution, or (b) two garments, if sent to her at 50, Onslow Gardens, S.W. The Bazaar will be held at the Knightsbridge Hotel on June 27th and 28th.

The Rev. Robert Francis Lynes, formerly curate of Flect, near Weymouth, who died leaving estate of the gross value of £64,318, left to his nurse, Winifred May Salter, £500, if living with him at his death, two houses and two cottages, a piece of land, and certain personal effects and furniture. She had nursed his "dear wife tenderly for two years, and since her death ministered with much loving care" to him.

The Duke and Duchess of Connaught last week paid a visit to London in Canada, and amongst the various ceremonies in which they took part, His Royal Highness the Governor-General of the Dominion presented the graduate nurses of the Victoria Hospital with their diplomas.

Mr. Masterman, Secretary to the Treasury, has stated in the House of Commons that the Insurance Commissioners will issue a statement at as early a date as possible, dealing with the main classes of engagement of nurses, and which are not exempt from the compulsory clauses of the National Insurance Act. The sooner the better, as thousands of nurses are still living in hope that they may escape the tax, and are therefore not joining Approved Societies. The Act comes into force on the 15th of July next.

The American Nurses' Association is holding its great Annual Convention at Chicago this week, when a new President will be elected and a wonderfully progressive programme will be discussed. The American nurses have proved how an unselfish professional policy can consolidate and raise the whole fabric of nursing. Throughout the whole Republic they are practically one in convictions, in conscience, in sympathy, and aspiration. They have accomplished more than any other nation for the

welfare of the sick, just because of their courage and vitality. No bribery and no corruption, stand shoulder to shoulder, has been their watchword and their policy—and it has paid. Their standard is their own, their economic condition is of their choice, their wonderful Journal is their own, and they simply cannot be bribed to touch the quack nursing press. Here is a splendid example of common-sense for the nurses of all nations to emulate.

### SCOTTISH MATRONS' ASSOCIATION.

The quarterly meeting was held on Saturday, June 1st, at the Royal Infirmary, Stirling. The President, who was in the chair, made a sympathetic reference to the absence, through ill-health, of Miss Peebles, Matron of the Infirmary. Twenty-six members were present. Five new members were elected. Two members were nominated to represent the Association at Cologne, in August—Miss Melrose, Vice-President of the Association, Matron of the Royal Infirmary, Glasgow; and Miss Graham, Hon. Sec., Matron of the Scottish Association of Trained Nurses, Edinburgh. The members were much gratified to learn that Miss Gill had been asked to serve on the Advisory Committee to the National Health Insurance Commission, Scotland. This appointment has given great satisfaction to the nursing profession in Scotland, as they recognize that it secures direct representation for nurses. The meeting concluded with votes of thanks to Miss Peebles for her hospitality in providing an excellent tea, and to the President for presiding. Tea was then served, and a visit paid to the delightfully comfortable-looking wards and Nurses' Home.

Afterwards a drive was arranged, by the kindness of the Managers of the Hospital, to the Convalescent Home, and field of Bannockburn. This was an unexpected treat, and was greatly appreciated. A good many members visited the ever interesting East and West Churches, the Ladies' Rock, and the Castle.

L. G.

### THE "UNIFORM" PENSION SCHEME FOR NURSES.

No nurse should insure for an Old-Age Pension without careful consideration and comparing various schemes. The Uniform Pension Scheme for Nurses is apparently most advantageously arranged for them, and all information concerning it can be obtained through the Secretary of the Trained Nurses' Insurance Institute, 90, Cannon Street, London, E.C.



## THE HOSPITAL WORLD.

### SOME BRISTOL HOSPITALS.

Those who attend the Health Exhibition and Conference organized by the Nurses' Social Union, and now being held in the Victoria Rooms, Clifton, Bristol, will have an opportunity not only of seeing the Exhibition, which is well worth a visit, but also of obtaining a glimpse of the most interesting and picturesque city in which it is held. Authentic records of the city date back to Saxon times, and some enthusiasts place the date of its foundation as

of good work is being done in the Infirmary at the present time, but it is done at a disadvantage in a hospital built, as an old minute records, to "last for ever," and the new surgical pavilions are no doubt the first instalment of a thoroughly modern hospital, worthy in every way of a city noted for its generosity and philanthropy. At the present time the Secretary, Mr. W. E. Budgett, and the Matron, Miss A. B. Baillie, must have their hands exceedingly full, for the whole of the new block has to be furnished and got into working order considerably sooner than was anticipated, but there was



THE ROYAL INFIRMARY, BRISTOL.

far back as 390 B.C. As an important port, cathedral city; manufacturing centre, set in fair surroundings, including the lovely suburb of Clifton, with its far-famed suspension bridge, Bristol will repay a prolonged visit.

Nurses will naturally wish to see something of its hospitals. Chief of these are

### THE ROYAL INFIRMARY.

The Royal Infirmary, the largest of the general hospitals of the city, with 270 beds and an important training school for nurses, is at present adding a new surgical wing for the reception of 180 additional patients, as well as operating theatres and a casualty department, as the city's King Edward VII Memorial. The new buildings, on the opposite side of the road to the present Infirmary, are to be opened by His Majesty the King, who will be accompanied by the Queen, on the 28th inst. A great amount

no hint of hurry about Miss Baillie when, in her pretty sitting-room, with its restful chintzes and pleasant outlook, she described some of the details of the training system to the representative of this Journal. The term of training is for the period of three years. There is an entrance fee of £3 3s., and, in the case of probationers received for three years only, an inclusive fee of 26 guineas is payable during the first three months. This fee is not required of those who remain in the service of the Infirmary for a fourth year. There is a private nursing staff connected with the Infirmary, or nurses can, if they wish, work on the co-operative system, taking their own fees, less 10 per cent.

During their training the nurses have the privilege, if they so desire, of preparation for the examinations of the Central Midwives' Board and the Incorporated Society of Trained Masseuses. No fee is charged to probationers



for massage training if they agree to remain in the service of the institution for three months on the completion of their three years' training. Preference is given to those who have a high percentage of marks in their medical and surgical examinations, and who have received specially good reports. Pupils, resident and non-resident, not trained in the hospital are also admitted on payment of a fee.

The fee for midwifery training is £16 16s., but probationers who undertake to work for a year on the private nursing staff on the expiration of their engagement pay no fee. Pupils

quite apart from the Infirmary at Beaufort House, with its own Sister-in-Charge. Very pleasantly situated it is, with a fine view from the windows at the back over the city, and plenty of fresh air to brace up the pupils during their seven weeks' training for the arduous work in wards of the hospital.

Busy as bees are all these probationers, wearing their pretty uniform neatly and smartly, so that the new pro. will no longer be evident in hospital by the way she puts on her unaccustomed uniform. The day on duty begins at 7.40 a.m. and ends at 8 p.m., with



THE GENERAL HOSPITAL. BRISTOL.

not trained at the Infirmary must have had at least a year's general training previously.

The Nurses' Home is a comfortable building apart from the Infirmary, picturesquely covered with creepers and surrounded by wide spreading lawns. It consists of houses adapted for the purpose with considerable success.

The Infirmary has a beautiful chapel, in which a window has recently been placed as a memorial to eight members of the nursing staff who have died in its service. The subject is St. Elizabeth of Hungary, most human and lovable of saints, and the design has been most happily carried out.

#### THE PRELIMINARY TRAINING SCHOOL.

The Royal Infirmary, Bristol, shares with the Leicester Infirmary the honour of having instituted the only Preliminary Training Schools in the provinces. That at Bristol is

three-quarters of an hour off for dinner, half an hour for tea, and two hours for recreation. The evening work from five to eight is devoted to classes and study. The pupils learn practical housewifery by doing all the work of the house with the exception of the rough work, and it does them and their instructor credit.

The nurse trained five and twenty years ago may be excused for looking with envy on the means provided to make the modern probationer as perfect as possible. Systematic instruction, before she enters the wards, in housewifery, bedmaking, names of dressings and how to prepare them, the use of thermometers, instruments, appliances and utensils used in the wards, invalid cooking, bandaging, splint padding, elementary anatomy, physiology and hygiene—all these are taught her in the Preliminary Home, the care of linen and the arrangement of linen cupboards

being a special feature. One sees in the classroom charts and pictures, a full-sized figure for bandaging, besides heads, arms and legs on which the pupils can practise. A life-sized grannie for bedmaking demonstrations lies serenely in the cupboard, together with splints in the making, and other nursing appliances. It is an educational centre, pure and simple, the object of which is to start the pupils on their practical work with some knowledge of the principles which underlie it, and some elementary idea of the work they will have to perform. Occasionally there are vacancies for pupils who wish to avail themselves of this course of training only, when a fee of £7 7s. is charged.

#### THE GENERAL HOSPITAL.

The General Hospital is picturesquely placed overlooking the harbour, with the fresh breezes from the sea which come up the Avon permeating its wards. Like the Royal Infirmary, it has its scheme for the enlargement of the hospital, to include a new medical ward with a sun balcony facing south, a maternity ward, and new dental department, the reconstruction of the laundry, and increased accommodation for the resident medical, surgical, and nursing staffs. The Matron is Miss A. E. Densham, under whose direction the nurses obtain a very thorough training, and some of the Sisters have been in the hospital for a number of years, and evidently hold its honour and traditions very dear. The wards, with Sisters' rooms opening out of them, are very bright and pleasant, and the bathrooms adjoining, though built before cross ventilation was in vogue, are very spick and span, the walls being lined with marble, a luxury which we never remember to have seen in any other hospital. The operating theatre is quite up-to-date, and a very practical and at the same time becoming cap is worn by the Sister and nurses on duty. The shape is that of a half-circle taken in on the top to make it fit snugly

to the head and round the face. A tape round the neck keeps it in position.

The General Hospital must have a high reputation as a nurse training school, for there were no less than 300 applications for the vacancies on the staff last year. Of these 22 were taken on trial and 16 ultimately accepted.

The pupils at this hospital also have the advantage of being able to be prepared for the examination of the Central Midwives' Board, and last year 17 nurses gained its certificate. There is a large massage and electrical department, and pupils are prepared for the examination of the Incorporated Society of Trained Masseuses. In both cases this training is given free if the pupil binds herself to serve extra time on the private nursing staff. Trained nurses are also received for this special experience on payment of a fee.

The Nurses' Home, which was first opened in 1891 by the late Duke of Edinburgh, and is known as the Edinburgh Wing, has recently been enlarged and is most comfortably arranged. What strikes one most, perhaps, is the large and well-furnished classroom, in which lectures and classes are given to the probationer nurses. When the writer visited the hospital there was a wonderful life-sized model of the human body, loaned by the Nurses' Social Union, on view; the room is also provided with a skeleton, blackboards,

charts, and all the appliances of a modern training school. Large folding doors divide this room from the delightful nurses' sitting-room, and on occasions, known by the nurses as "chocolate parties," at Christmas, and other times, when the President of the Hospital, Mr. Joseph Storrs Fry, provides them with greatly appreciated boxes of delicious chocolates, the two rooms are thrown into one.

#### THE CHILDREN'S HOSPITAL.

The Children's Hospital is surely placed at the top of a steeper hill (St. Michael's) than any other hospital in the kingdom. Once



MISS MATTICK.  
MATRON, CHILDREN'S HOSPITAL, BRISTOL.

inside the hospital one is rewarded by a panorama second only to that from the Castle Rock at Edinburgh, and the air in the wards is, as one might expect, delightfully pure. The hospital, which is built on the pavilion plan, the architecture being Late Perpendicular, is admirably arranged, and under the able administration of the Matron, Miss Mattick, everything seems to work very smoothly. One thing which is very noticeable is the professional appearance of the nurses, whose manner of hair-dressing and of putting on their caps is refreshing to see in these days.

unruly—is now used as Guardians' offices. It contains a most beautiful oak panelled room in which Queen Elizabeth dined when she visited Bristol.

#### THE STAPLETON INFIRMARY.

There are two large infirmaries, the Stapleton Infirmary at Fishponds, and the Eastville Infirmary; the larger of the two is the former. Alighting, after a considerable tram ride, at Fishponds Church, with its well-kept churchyard, one passed the house where Hannah More, the great educationalist of the West



THE GARDEN, CHILDREN'S HOSPITAL, BRISTOL.

To see the children in the wards, their confidence in their nurses, and the "way" of the Assistant Matron (Miss Dryden) with them is to know that they are in an atmosphere of love and happiness as well as of skilled care. On the other side of the garden—where, as our illustration shows, there is plenty of room for all who are well enough to enjoy it—are isolation wards for various infectious diseases—a necessary precaution in a children's hospital. There is also a convalescent home at Weston-super-Mare, to which 93 children were sent last year.

#### ST. PETER'S HOSPITAL.

St. Peter's Hospital—a most picturesque mansion once a workhouse, when it was provided with a whipping post, and pair of stocks, and other implements for the control of the

Country in the 18th century, was born. The Lady Superintendent of the Infirmary is Miss E. S. Owen, and one is impressed by the fact that, under the care of well-trained Sisters, in spite of some structural disadvantages, the patients are well cared for, and made comfortable, which is the essence of good nursing. The Guardians have just accepted estimates for a new infirmary at a cost of many thousands of pounds.

#### IN THE CATHEDRAL.

One must not forget to mention that in the Lady Chapel of the Cathedral is a brass lectern placed there by members of the Guild of St. Barnabas as a memorial to Miss M. Greenhough Smith, for many years Matron of the Royal Infirmary and a member of the Cathedral Communicants' Guild. MARGARET BREAY.



## A GROUP OF USEFUL BOOKS.

A group of books useful to nurses and midwives is published by Messrs. Baillière, Tindall & Cox, 8, Henrietta Street, Covent Garden, W.C., to which we have pleasure in drawing attention.

*An Index of Practical Nursing.* By Dr. J. Basil Cook, D.P.H., Senior Assistant Medical Officer at the Kensington Infirmary (price 2s.). A most valuable book of reference, which may briefly be described as a nurses' "Enquire Within upon Every Subject." The subjects are arranged in alphabetical order, to facilitate reference.

*Gynæcological Nursing.* By Dr. A. E. Giles, F.R.C.S., Surgeon to the Chelsea Hospital for Women (price 3s. 6d.). Dr. Giles is a writer whose style is always lucid, and his book on Gynæcological Nursing will be welcomed by many.

Both of these books are so useful that we propose to review them at greater length in subsequent issues.

Other admirable books published by the same firm are "Lectures on Midwifery," by Dr. A. B. Calder, Lecturer on Midwifery to the London County Council; and "Lessons on Massage," by Mrs. Margaret D. Palmer.

## MEDICAL SUPPLY ASSOCIATION.

The Medical Supply Association of 228 and 230, Gray's Inn Road, London, is a very popular establishment with nurses, for they always receive courtesy and prompt attention, and are able to obtain goods at most moderate prices.

Many nurses will therefore be glad to know that the firm is shortly moving into much larger premises at 167, Gray's Inn Road, specially built to meet their needs, and where they have their own workshops.

The entrance opens on to a large central hall, round which a gallery runs; there will therefore be plenty of room for the display of medical, surgical, and electrical appliances, and our readers will doubtless take an early opportunity of paying a visit to these new premises.

## IRON JELLOIDS.

In the past, when iron has been prescribed, there has frequently been much difficulty of administering in a way which neither blackens nor injures the teeth, a problem which frequently fell to the lot of the nurse to solve. But the difficulty does not occur when iron is prescribed in the jelloids supplied by the Jelloid Co., 70, Finsbury Pavement, E.C. All that then devolves upon the nurse is to administer the dose in a most agreeable form, and with the knowledge that it is perfectly assimilable and non-constipating. It is for these reasons, no doubt, that Iron Jelloids have won their way into medical approval, and are now so frequently ordered when iron is prescribed, both in cases of anæmia and as a general tonic.

## OUTSIDE THE GATES.

## WOMEN.

Mr. C. C. Warden, one of the members of the jury in the Suffragist trial, is organising a petition from the jury for a remission or reduction of the sentences passed upon Mr. and Mrs. Pethick Lawrence and Mrs. Pankhurst. Mr. Warden informed a representative of *The Standard* that at least one-half of the members of the jury expressed their dissatisfaction at no notice being taken of their unanimous recommendation for leniency.

There is no doubt that the genius of Shakespeare cast a glamour over the Elizabethan Age, and "Shakespeare's England" at Earl's Court is also Elizabeth's England. Why then the anachronism of an "Anti-Suffrage" excrescence in the streets of old London at this place of public amusement? Whoever permitted these modest violets to sprout in this particular environment have been guilty of execrable taste, and the sooner their impertinent interference with visitors is removed the better.

Fancy the face—to say nothing of the emphatic language—of the great Elizabeth had the suggestion been made in her time that her sex was unfitted not only to rule but to exercise political power! Would that her wraith could inspire the women smirking through the "Anti-House" windows at Earl's Court with a sense of self-respect. But if this is beyond hoping for, we protest against their molesting women, who visit the Exhibition for pleasure, by inviting them to sign a document writing themselves down "an ass."

Whilst these somewhat over-dressed ladies are playing the spider to the fly at Earl's Court, how is the sanctity of their homes maintained? Who is feeding the baby; what about the kitchen fire; who is doing the family washing; making the strawberry jam; and darning the stockings? Naughty, illogical "antis" to neglect the only duties you claim you have the capacity to perform!

Mrs. Pember Reeves' little Budgets are now quite famous—and a terribly sad indictment they are on prevailing inequality of living. She has recently described a few technical results of her investigations into how numbers of respectable and regularly employed people live on £1 a week, as in many millions of cases the whole family expenditure has to be managed on that sum.

Mrs. Reeves says it is quite a common thing for a man with six children, which is an ordinary number, to pay eight shillings or nine shillings a week rent. Then comes insurance, and the great pity is that the poor only save for death in order that if their children die they will not be buried by the parish. As to the question of food, working men's wives agree that a man in full work cannot be fed on less than 6d. a day. This leaves about 1½d. a day per head for the food of the wife and six children, and the menu consists, generally, of bread and dripping, with suet pudding for a change.

## BOOK OF THE WEEK.

## BROTHERS ALL.\*

A very charming collection of stories of Dutch peasant life, which so far has not been noticed in these columns, is "Brothers All," by Maarten Maartens, which we commend to the attention of our readers.

## THE DEATH WAY.

The story of "The Death Way" is very true to life. One old man sitting by the bed, the other in it—

"You're in a bad way," said, at last, the old man in the chair.

He in the bed stared steadily on. "You've said that before," he answered; "'twas the last thing that you said."

"Well—it's true."

"I'd like a bit of news," retorted the invalid. "I can find out about the way I'm in for myself."

"You might be civiler, Jan," objected his visitor, "to a man that's come near on two mile to see ye."

"It ain't more'n one and a half," said the sick man, "nor as much."

But after all the visitor left a startling piece of news. "The young Baron has altered the direction of Death Way." This roused the old man indeed, so that when the doctor arrived shortly afterwards he demanded "Who is to blame for this?"

"He is," replied the wife. "He's been fussing and fuming about the Death Way as if he was a-going to be taken along it to-morrer!" Then, suddenly, she began to cry. "He don't even abuse me, doctor," she sobbed. "He can't get to do it. Lord, what a bad way he must be in!"

But the old man before his death made his sons swear that they would take him to his burial along the old Death Way, where his father and grandfather went before him, and faithfully they fulfilled their promise, though the Baron himself on his bay mare blocked the way, threatening to summon them for damage. "The damage," replied Jan, and cast a scornful glance upon the tract behind him, "for that we will pay if necessary, poor as we are—if Mynheer the Baron has a right to stop up the Death Way, the Law must decide, but it is not so; only there is another law for the rich and another for the poor."

The Baron's horse stood where it stood, with arched neck and waving tail.

The old woman, the widow, had stolen away to the Baroness with eager entreaty. "Let me bury my dead in peace!" she pleaded. "Oh, if it were he you were carrying away and you I? I have loved him, and obeyed him faithfully for nigh on sixty years. It was his last command, high-born lady, I must obey it."

And she did.

\* By Maarten Maartens. Methuen & Co., 36, Essex Street, W.C.

## TUBERCULIN.

Most amusing is the story called "Tuberculin," which opens with the squire and a doctor watching a cow munching the faded grass in a sunlit field.

"Is she or is she not?" said one of the watchers.

"Can't you see?" demanded the squire. "Most certainly not," replied the doctor. The cow lifted her head and munched. "Well, she's consumptive at any rate," laughed the squire.

The doctor did not laugh. He thought the remark showed a levity bordering on intemperance. The squire looked a little bit ashamed and composed his face to meet the seriousness of the subject, which was that his little daughter refused to drink her milk boiled, pasteurised or sterilized.

At the squire's suggestion that she must "just drink her milk as Nature sends it to her" the doctor lifted up hands of scientific horror. "Would you expose your dear little daughter—your only treasure—to the tender mercies of Nature?"

"My wife won't hear of it," said the squire.

"She is quite right," answered the doctor severely.

So "Sweet William" was tested with tuberculin, under the contemptuous eyes of William, her intimate attendant, and ultimately the doctor was able to prove the cow's milk "harmless on the day when you mayn't drink it." But it is an ill wind that blows nobody any good.

"Take her away," said the exasperated squire to "Sweet William's" namesake at last. "I never want to hear her name again! Carry her off. Make whatever you can of her! Dispose of her, William!"

"My beauty," said William, with his lips to the cow's ear. "I'll dispose of you. Your milk won't give me the tubers, nor Carolina, nor the kids that'll turn up in the cottage some day."

P. G. Y.

## COMING EVENTS.

June 7th.—Society for State Registration of Trained Nurses. Annual Meeting. Medical Society's Rooms, 11, Chandos Street, Cavendish Square, London, W., 4 p.m. Tea by kind invitation of Mrs. Walter Spencer, 2, Portland Place, W.

June 10th.—London Biblewomen and Nurses' Mission. Meeting at the Mansion House, Lord Mayor in the Chair. 3.30 p.m.

June 11th.—Central Midwives' Board Examination: London, Birmingham, Leeds, Manchester, and Newcastle-on-Tyne.

June 13th.—Colonial Nursing Association. Annual Meeting. Devonshire House, W. 3.30 p.m. Lord Ampthill, G.C.I.E., will preside.

June 13th.—Leicester Infirmary Nurses' League Annual Meeting. Nurses' Home, Leicester Infirmary. 3.15 p.m. Tea and Social gathering 4.15. Supper 6.30 p.m.

## WORD FOR THE WEEK.

"I wish to be a Member of Parliament, to have my share of doing good and resisting evil."—Burke. *Speech at Bristol, 1780.*

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in any way hold ourselves responsible for the opinions expressed by our correspondents.*

### AN HONOURABLE DISTINCTION.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—One of the greatest pleasures to those of us who hail from the colonial dominions is the home news we get in England through your journal. I was delighted to read that the nurses in Ontario have got an Act which gives them the title of "Registered Nurse." I was born in Montreal, and it is to be hoped the nurses in Quebec will soon obtain the same honourable distinction. The contempt for women who work in England by those who make the laws, and ladies of leisure is something quite incomprehensible to Canadians, who only despise those who do nothing but play; that is the reason we are really a happier people.

Yours gratefully,

A CANADIAN NURSE.

### "THE QUALITY OF MERCY IS NOT STRAINED."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—I think it is very regrettable that the applications of midwives for advice when in difficulties are received with such scant sympathy by their governing body. For instance, I notice in last week's JOURNAL that a midwife asked the Board's advice as to the payment of a fee claimed by a medical practitioner summoned on her advice. The Board replied that she had discharged her duty under the rules by advising that a doctor should be summoned—a fact of which she was quite aware—and tartly told her it was no part of its duty to give legal advice. Certainly no compulsion is placed upon it by Act of Parliament, but it might remember that if one never exceeds one's duty, one does not always fulfil it. It was a great man—perhaps I had better not name him—who said, "The quality of mercy is not strained. . . . It blesses him that gives and him that takes."

I am, Dear Madam,

Yours faithfully,  
CERTIFIED MIDWIFE.

### THE FUNCTIONS OF THE CENTRAL MIDWIVES' BOARD.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—The point raised by you in relation to the trial of midwives by the Central Midwives' Board is very important. The Board cannot be strictly judicial if one of its officers is the prosecutor, and I know that many midwives

and others competent to judge think that the Local Supervising Authority which has investigated the case locally, and therefore is acquainted with the pros and cons, should be the prosecutor. The contest is most unequal when an ignorant and uncultured midwife is pitted against a highly trained solicitor, accustomed to seize upon every point which can be employed to his advantage in securing a conviction, and who is often too poor to appear before the Board at all, so that the prosecution has it all its own way. It is very noticeable in your reports how when midwives do appear to answer the charges brought against them even, in spite of their inexperience in "making points," much transpires in their favour which otherwise would not be known.

I think when an Amending Bill is brought in the present anomalous conditions might be rectified by an amending clause, providing that the functions of the Board should be judicial only, just as those of the General Medical Council are.

I am, Dear Madam,

Yours faithfully,  
A SUPERINTENDENT OF MIDWIVES.

### REPLIES TO CORRESPONDENTS.

*L. Routledge, St. Anne's.*—Write direct to Miss A. Turton, Scuola Convitto Regina Elena, Policlinico, Rome, Italy. She will give you the most reliable information in answer to your question.

*Health Visitor, Manchester.*—The address you require is the International Association for Labour Legislation, British Section, 4, Bloomsbury Square, London, W.C. It aims at an international standard in industrial laws, and takes up such questions as lead poisoning, &c., in the hope of creating sound public opinion on the disuse of lead in the glaze of china and thus saving the workers from many forms of suffering which result from its use. For instance, if women would only buy and use porcelain finished with a leadless glaze, the poisoning of ignorant workers and their offspring would soon cease.

### OUR PRIZE COMPETITIONS FOR JUNE.

*June 15th.*—Mention the principal points to be considered in the general care of the operating room.

*June 22nd.*—What symptoms would lead you to suspect puerperal thrombosis of the lower extremities?

*June 29th.*—Describe the methods of applying (a) dry cupping, (b) wet cupping.

### NOTICE.

If unable to procure THE BRITISH JOURNAL OF NURSING through a newsagent, the manager desires to be informed of the fact. Copies can always be procured at the offices, 431, Oxford Street, London, W., and through Messrs. W. H. Smith & Son. In Scotland from Menzies & Co., Glasgow; and in Ireland from Fanning & Co., Dublin.



# The Midwife.

## SIMPLE MEANS FOR THE PREVENTION OF PURULENT OPHTHALMIA IN INFANTS.

Prophylactic measures in the care of the eyes of the new-born, which is so important a part of the nurse's duty in obstetrics, are considered in minute detail in a paper by Dr. Mark D. Stevenson, read before the American Medical Association and brought to the notice of trained nurses through the *Nurses' Journal of the Pacific Coast*.

In the portion of the paper devoted to prophylactic measures following labour, Dr. Stevenson says that on the completion of labour the child's eyes should always receive consideration and attention, as a large proportion of cases of ophthalmia neonatorum—Nance claims two-thirds—are not due to gonococcus, but to other pathogenic organisms, likely to be occasionally present in any woman's vaginal discharges. When the mother has leucorrhœa, especially gonorrhea, as easily determined by the microscope as a chemical examination of the urine can be made, considering not only the great danger of the child becoming partially or totally blind, but also the various metastatic conditions (McKee, Stieren, Bull) possible, and the increased infant mortality, it is certainly a sanitary crime not to use preventive measures. Pregnant women should be instructed to perform daily external cleansing with soap and water and a clean wash cloth, and if irritating or profuse white discharge is present to consult their physicians.

*Method.*—After labour is completed and the child removed from the mother, with clean hands and gauze, preferably dry absorbent, the child's face around the eyes and nose should be first wiped clean, wiping in a direction away from the eyes. Its eyelids, which should not be opened during this process, should likewise be carefully cleaned. (This does not sterilize the part of the face around the eyes, which is practically impossible, especially with any unirritating safe strength of antiseptic solution.) Next, the lids should be separated and, if there is no pus in the eye-sac from an already established inflammation requiring treatment, one or two drops of 1 per cent. silver nitrate solution should be dropped between the outer ends of the lids.

This amount and strength of silver nitrate does not require special neutralization, so that instillation of salt solutions is not necessary. Washing or cleaning the eyes with any solution, before or after using the silver, is not recommended, as it is likely to injure the epithelium on the cornea and may wash infectious material from the partially cleaned face into the eye or from one eye into the other. The slightest injury to the cornea, easily avoided, may be followed by corneal ulcer and loss of vision or eye-ball. The lips and nose should be wiped free of mucus, and the little finger, wrapped with a piece of gauze, should be passed into the child's mouth and any accumulated mucus removed by an outward sweep of the finger. To help prevent subsequent infections from the nose I advise dropping one drop, not more, of 1 per cent. silver nitrate solution into each nostril. The general toilet of the face and body may then receive attention. If there is considerable swelling or reaction after the use of the silver solution, light cloths wrung out of cold water may be applied for fifteen minutes or one-half hour, but are not often necessary. Harmless bleeding occurs rarely and usually is probably due to unnecessary roughness in separating the lids. If there is delay in labour after delivery of the head, some authorities advise immediate attention to the infant's eyes before delivering the body. Very rarely this might be advisable, especially if the eyelids become separated, but usually would not be good practice, as the accoucheur's and nurse's hands are not properly prepared to treat the eyes and might only infect them. The eyes would also be exposed to subsequent infections during labour.

*After-care.*—In subsequently cleaning the child's eye-lids and around the face and eyes, the nurse or attendant should be instructed to destroy all wipes and not to use any clothes or solutions dirtied with the mother's discharges or that had been used in previously cleaning any part of the child. They should always be instructed to inform the physician—and are compelled to do so under penalty of the law in many States—of any marked or continued discharge from or redness of the infant's eyes, especially if the lids become swollen or gummed together. Although by the use of prophylactic measures the severe and dangerous ophthalmias are almost entirely

prevented, it should be understood that, for the first day or two, slight discharge and redness, due to the irritation of the solutions used, are not uncommon, occurring approximately in 10 per cent. of the cases. This silver irritation quickly disappears, requiring only cleanliness and prevention of the lids gumming together. A few cold applications may be helpful. Repeated instillations of silver salts are not only unnecessary, but likely to prove harmful.

The eyelids are nearly always closed during labour, so that on opening the lids whatever germs gain entrance into the eye-sac are probably from the eyelashes or on or near the margin of the lids. Therefore, a drop or two of the silver solution placed in the outer portion of the eye-sac, and swept across the eye by the closing of the lids, nearly always reaches all the germs present. It is quite different after inflammation is established and the germs have gained entrance, not only into the upper and lower folds of the sac, but into the recesses of the glands. It is not only necessary that prophylactic measures be used and properly used with attention to detail, but that continual care be exercised that the eyes do not become infected later.

### CENTRAL MIDWIVES' BOARD.

A Special Meeting of the Central Midwives Board was held at Caxton House, Westminster, on May 30th, at 2 p.m., Sir Francis Champneys presiding, for hearing the charges alleged against sixteen midwives, and also to consider three cases adjourned for judgment on the report of the Local Supervising Authority.

#### CASES ADJOURNED FOR JUDGMENT.

In three cases adjourned for judgment on the report of the Local Supervising Authority, one was again adjourned, in one no further action was taken, and it was decided to ask for a report from the Local Supervising Authority in three months' time in the case of the third.

#### STRUCK OFF THE ROLL AND CERTIFICATE CANCELLED.

The following midwives for various offences against the rules were struck off the Roll and their certificate cancelled: Margaret Broadbury (No. 14873), Martha Downes (No. 2956), Mary Ann Grix (No. 20371), Caroline Halls (No. 10123), Elizabeth Kimberley (No. 3089), Emma Pitman (No. 5717), Lydia Scott (No. 8544), Mary Ann Wilson (No. 20319).

#### SEVERELY CENSURED.

Jane Brook (No. 6580), Mary Anne Preece (No. 8168), Mary Ann Southern (No. 1830).

#### CAUTIONED.

Jane Sillito.

#### ALLOWED TO RESIGN.

Elizabeth Birch (No. 17877), Sarah Harrison (No. 18715), on the understanding that if the resignation was not received the charges would be dealt with.

#### ADJOURNED FOR JUDGMENT.

Jane Cliffe (No. 10552).

#### NO FURTHER ACTION TAKEN.

Mary Jane Barnes (No. 18574) adjourned from March 27th.

In the case of Margaret Broadbury, struck off the Roll on a charge of not explaining that the attendance of a medical man was required in a case of gonorrhœal ophthalmia, in which complete blindness supervened, and also with being unable to use a clinical thermometer, the defence was, in part, that she advised that a doctor should be called in, and the father prevented it.

Amongst the indictments against Jane Brook were that "there being a breech presentation you pulled forcibly on the fœtus, severing the head, which was left undelivered. . . . You then left the patient for the night, dissuading her from sending for medical assistance by telling her it was unnecessary. . . . You did not bring with you the appliances or antiseptics required by Rule E. 2." The midwife's defence was that she had no bag, as her husband had destroyed the bag and its contents. She attended the patient and "pulled one portion away." She visited her the next morning, when to her surprise she found a doctor there. Instead of being civil he "rose like a madman"; he was "not fit to do with a human person." The temperature was not raised till he "raved and carried on like a madman."

Jane Cliffe, in reply to the charge that she did not keep a Register of cases, entered a defence that she "kept no pulse and temperature book, which she never considered necessary."

Martha Downes, who was charged with not keeping her appliances and equipment in a cleanly condition and with neglecting and refusing to record the pulse and temperature of her patients, complained in writing that she would not be humbugged by a woman inspector, or have the lining torn out of her bag by her, and that she was "a pert and exacting young woman." She said further that patients were up on the fourth day and if she had to take the temperature after that time she would "have to guess at it the same as the doctors did."

In one case in which two maternal deaths occurred in the practice of a midwife the Medical Officer of Health, who attended before the Board, stated that she had had 750 cases in four years. Though ignorant, she kept herself clean and did her best according to her lights, but her lights were so dim that she was a menace to her patients. She could not take a pulse or temperature.

In announcing the decision of the Board to strike the midwife's name off the Roll, the Chairman stated that the Board is of opinion that when a midwife has not taken a pulse and temperature she cannot be held guiltless of the consequences which may ensue. He announced further that the Board will enforce the rule in relation to the taking of temperatures and pulses more strictly for the future.

We are glad the Chairman made this statement; for if a midwife is so indifferent, or so stupid, that in the ten years since the passing of the Act she has not learnt to take and record temperature and pulse, she is certainly unfit for the responsibilities of her office.

The facts elicited in one case illustrated a terrible condition. The first patient delivered by the midwife, a daughter living in her mother's house, was confined on the ground floor, and another daughter upstairs. A doctor called in ordered the second patient, who was in a room without a fireplace, to be kept warm, and the midwife brought her down to the same room as the first patient who was suffering from puerperal fever.

Mrs. Southern, who appeared before the Board in connection with not sending for medical assistance in the case of a child suffering from inflammation of the eyes, admitted she had never read the rules of the Board. She wrote, "I thank God for giving me such a rush of cases to enable me to come up to the Board"; and, indeed, she was able to impress the Board with her regret, and her desire to keep the rules in future.

The last case on the list was that of a midwife who handed her patient over to an uncertified woman. She wrote that if the Board forgave her, "I will never go anywhere again as long as I live." She was, however, struck off the Roll.

### THE ADOPTION OF INFANTS.

The Public Control Committee of the London County Council, having had its attention called from time to time to cases in which infants have been adopted for lump sums and afterwards grossly neglected by the persons who adopted them, have suggested that representations be made to the Home Secretary as to the desirability of the Children Act, 1908, being amended so as to provide that no infant shall be adopted by a nurse-mother for payment of a lump sum of money without the written approval of the local authority.

### THE ABERDEEN MATERNITY HOSPITAL.

It has been decided at a special meeting of the managers and subscribers of the Aberdeen Dispensary Maternity Hospital and Vaccine Institute to separate the Maternity Hospital from the Dispensary and Vaccine Institute, the resolution

to this effect being moved from the chair by the Lord Provost and seconded by the Rev. James Smith. The existing debts were divided in the proportion of two-thirds to the Maternity Hospital, and one-third to the other Institutions. Legacies already assigned to the united institution were divided in like proportions. We hope that under the new conditions both institutions will have a prosperous future. The Maternity Hospital is an important educational centre for both students and midwives, and as such, as well as for the skilled treatment and care it affords to maternity cases, merits greater support than it has hitherto received.

### REGISTERED MIDWIVES IN AUSTRALIA.

An Act for the Registration of Midwives has been operative in West Australia under the provisions of the Health Act for nine months, and a report dealing with the six months ending December 31st, 1911, contains, the *Lancet's* correspondent points out, some interesting information. Registration was permitted under two sections—viz., those women holding certificates of training and others who could produce evidence of *bona fide* practice as a midwife during two years prior to the passing of the Act and satisfied the Board of their competence, cleanliness and repute. Under the first provision 105 were registered and under the second 528. From January 1st, 1912, only the certificate of the Central Midwives Board, England, has been accepted, and others, except those holding certificates under statutory authority, will be compelled to undergo 12 months' training and then satisfy the Board of their fitness.

### NEW YORK TRAINING SCHOOL FOR MIDWIVES.

At the new training school for midwives in connection with Bellevue Hospital, New York, great attention is paid to teaching the pupil midwives practical housekeeping, simple cooking, cleaning, laundry work, sanitation and hygiene, in addition to the care of mother and babe, preparation for confinement, making dressings, sterilising, &c. The equipment approximates as nearly as possible the simple things to be found in the homes of the poor. The senior midwife has attended about sixty cases in the ward, delivered seven, and attended four in the district.

Seven nationalities are represented in these ten pupils, but the question of languages, which seemed as if it might present practical difficulties, has not proven a serious drawback, as the pupils all speak a little English, and are most anxious to learn everything in English. The pupils are required to provide and wear uniforms of gray gingham, with elbow sleeves and a round collar; white aprons without bibs. No allowance is given, the pupils also providing for their own laundry work.



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## EDITORIAL.

### BETWEEN TWO STOOLS.

The trained nurses of the United Kingdom hold a dual position under the National Insurance Act. In the first place it compels them to insure for benefits which they already receive as a free gift, on far more liberal terms than those which they will gain as insured persons.

They are the only class of women workers, owing to their association with the medical profession, who are liberally provided for in sickness, and they stand to lose instead of gain by the passing of the Act.

Secondly, a vast amount of arduous work for the insured sick will have to be done under the Act, and it is the nurses who will have to carry it out. That they are (1) compelled to insure; and (2) will have to do the nursing work, are both sufficient reasons to gain for them direct representation on the Advisory Committees. Taken together they form the most cogent argument which can be advanced that trained nurses more than any other class of workers will be intimately affected by the Act, and are entitled to the representation which has been granted to every other class of women whose interests are similarly concerned, and yet, in spite of this, they are excluded.

It is not possible for the Commissioners to advance any argument which can convince trained nurses that their exclusion is just, or that because they have nominated three ladies to seats on the English Advisory Committees, who are the officials of a charity which provides the poor with care in sickness, that they are giving independent representation to the nursing profession at large.

Like all charitable institutions the Queen Victoria's Jubilee Institute has cut its coat

according to its cloth, but when nursing is supplied to the sick in connection with a State subsidized Service, such as that which must arise under the National Insurance Act, it is the duty of the Commissioners to provide that none but fully qualified workers are employed, as is the case with medical practitioners, midwives, and pharmacists, and to protect the sick from the consequences of their own ignorance of the necessary standards.

Unless the Nursing Service under the Insurance Act is to be a farce and a delusion, so far as the sick for whom it is responsible are concerned, it must make provision for the employment of thoroughly trained nurses, and also that their remuneration shall be a living wage, and thus prevent the State making itself responsible for the employment of the ignorant and insufficiently trained woman, at the present standard of remuneration, which is every day extending a system of sweated labour where the nursing of the sick poor is concerned.

It is because humane and intelligent women, of which the nursing profession is largely composed, desire to see the helpless sick skilfully nursed, and the work of trained nurses justly remunerated, that they have all along claimed that their honourable profession should be directly represented upon the Advisory Committees appointed under the Act.

English and Irish nurses have as much right to such representation as their Scottish colleagues, whose claims have been wisely recognized by the Scottish Insurance Commissioners, and unless they are granted by the Commissioners in England and Ireland nurses will conclude that they have been excluded from representation because they are to be exploited.

## MEDICAL MATTERS.

## THE PATHS OF RHEUMATIC INFECTION AND THEIR PROTECTION IN CHILDREN.

Dr. J. Ross Mackenzie, of Abertillery, Mon., contributes a most interesting article on the above subject to the *British Medical Journal*. After showing that the *Micrococcus rheumaticus* can now be isolated, he says that the paths by which the specific agent finds access to the system, as well as the prevention of such invasion, still demand attention. In regard to local invasion Dr. Mackenzie writes:—

“The most important, as well as the most frequent, path of infection is undoubtedly the throat. . . . A relationship is at once suggested by the large percentage of children suffering from rheumatic phenomena who, at the same time, present enlarged tonsils and hypertrophied tissue in the naso-pharynx.”

The writer also believes that in cases when sore throat does not occur, certain mild catarrhal conditions of the mucous membrane may owe their inception to the *Micrococcus rheumaticus*, and that a general infection may take place through the impaired mucous membrane.

## CONCLUSIONS.

1. The *Micrococcus rheumaticus* takes the path of least resistance.
2. This may be an unhealthy throat, absorption from which frequently gives rise to general rheumatic infection, including peritonitis and appendicitis, directly through the vascular system.
3. Or it may be localized in the bronchial tubes and give rise to pneumonia, with poly-arthritis and endocarditis.
4. An unhealthy condition of the intestinal wall may excite to activity the rheumatic agent, setting up acute rheumatic phenomena with peritonitis or appendicitis as part of a general infection.
5. A mild catarrh is produced at the seat of inoculation, and one or more of three factors in each case are present and promote the inroads of the micrococcus. Either
  - (a) The physical resistance, or
  - (b) The protective properties of the local tissue, or
  - (c) Defensive agencies of the blood, are below par.
6. The distinction between acute and sub-acute or latent rheumatism is mainly due to general infection with the actual rheumatic agent in the former and with the toxins only in the latter.

## THE DELETERIOUS EFFECTS OF CHRONIC CONSTIPATION.\*

By W. ARBUTHNOT LANE, F.R.C.S. ENG.

When Miss Hobhouse did me the honour of asking me to address the Nurses' Social Union, I hesitated for a time before venturing to entertain what I feared would be, for me, a very difficult task.

After some consideration I felt that I could, perhaps, clothe our drainage scheme and the faults which it develops with enough interest to occupy your attention for an hour. Should I not succeed, I must ask you to condone my failure and to take the will for the deed.

The subject of the faults that arise in our drainage scheme—in the first instance through unsatisfactory food, and later from the prolonged assumption of the erect posture as demanded by our habits of life—is of overwhelming importance, since, as I will show you, the large majority of the diseases which affect our bodies result either directly or indirectly from them.

Perhaps I can best deal with this subject by considering some points in the mechanics of our drainage scheme or, as it is technically described, as our gastro-intestinal tract. We can then observe the points at which the effluent may be controlled and the mechanical results of such obstruction.

Leading from the mouth to the stomach you have the œsophagus, and where the œsophagus passes through the diaphragm to enter the abdomen it may become spasmodically blocked and the contents of the œsophagus may accumulate in it. These may pass on slowly or may be discharged into the mouth after a varying interval of time. This condition is called cardiospasm.

The food then enters the stomach, from which it passes into the duodenum. Opening into the duodenum you have the ducts of the liver and of the pancreas. The duodenum, the end of which is fixed, opens into the small intestine, which is freely movable, and the contents of the duodenum should pass easily into and along the small intestine.

The small intestine opens into the large bowel or cess-pool of the tract, the commencement of which is called the cæcum.

Opening into the cæcum is the appendix, a relic of an ancestral type.

\* Read before Nurses' Social Union Health Conference, Bristol, 8th June, 1912.

The large intestine passes into the upper right-hand corner of the abdomen, where it comes into contact with the liver. It then runs upwards and to the left to the upper left-hand corner of the abdomen, where it comes into relation with the spleen. It is connected with the stomach, through which much of its weight is transmitted. From this it runs down to the left groin, and from there to its termination, where it forms the rectum.

Trouble first arises through the cæcum or commencement of the cess-pool of the tract tending to fall into the pelvis and to interfere there with the functioning of the rectum, uterus, or bladder.

Nature attempts to obviate this by an evolutionary process, new bands being formed which grip the cæcum and the end of the small intestine. The appendix is very liable to be caught up by one of these bands or grips.

If the appendix, which is a hollow tube, is anchored at a point in its length it is very liable to be kinked by strain exerted by a loaded cæcum, and the tube beyond the kink becomes inflamed by its distension with its secretion.

This forms the several types of so-called appendicitis, which is nothing other than excessive zeal combined with a marked want of discretion on the part of the organism.

Very often the appendix is so anchored that it interferes with the passage of the contents of the small into the large intestine.

Again Nature attempts to prevent the fall of the cæcum by fixing the end of the small intestine by a band, and this band, useful for a time, later kinks and obstructs the small intestine and interferes most materially with the drainage at this point.

The result of this obstruction to the discharge of the intestinal contents is most serious and far-reaching.

Material is dammed back in the small intestine, and changes of a bacterial and fermentative character occur. The level of organisms or of material which has undergone an excessive decomposition is raised and gases are produced which cause great distress or pain to the unfortunate sufferer. The pull exerted by the distended small intestines obstructs the end of the duodenum by kinking abruptly. Consequently, material cannot escape from the duodenum, and it distends, dilates, inflames and ulcerates. The stomach cannot evacuate its contents also, and it distends, inflames, ulcerates, and later becomes cancerous.

The duodenum becomes infected by the organisms banked up in the small intestines,

and they infect the ducts of the liver and pancreas. In consequence, gall stones, jaundice, inflammation and cancer of the liver and its ducts arise. The same happens in the case of the pancreas.

As the contents of the large intestine progress along this portion of the bowel they become harder and are more readily obstructed by any dropping of this bowel into the pelvis, because it makes it difficult for the material to pass any normal or abnormal kink. Pain and discomfort result, and the mucous membrane becomes inflamed and irritated; varieties of so-called colitis result in consequence, and ulceration or cancer develops where there is most irritation. Much of this obstruction may be guessed at or diagnosed by examination of the abdomen. It can, however, be determined with additional accuracy by the examination, by means of the X-rays, of a meal of bismuth carbonate. This can be observed in its transit through the drainage scheme, and any obstacle to its transmission can be carefully studied and observed.

This means of determining the working of our drainage normally and abnormally is of the greatest importance to us.

I will show you later some photographs, which have been lent me by Dr. Jordan, of cases which he has observed, and which show several of the defects referred to, which will give you a better idea than my mere verbal description.

If the contents of the gastro-intestinal tract are delayed for an abnormal time in any portion of the canal, changes take place in them and a quantity of poisonous products are produced. These are absorbed into the circulation in an amount greater than can be dealt with by the liver. In consequence they get into the circulation and produce poisonous effects. These effects are exerted on the channels that carry them and upon the organs that excrete them, determining degenerative changes in the heart, the coats of the blood vessels, and disease of the kidneys and other excretory organs.

The liver itself gets exhausted, after a time, with the progressively increasing strain thrown upon it, and itself shows degenerative changes called diseases. When the liver fails to perform its function, the amount of poison that escapes into the circulation unchanged steadily increases with disastrous results to the sufferer.

These toxins also poison the several tissues of the body.

*(To be concluded.)*



## OUR PRIZE COMPETITION.

MENTION THE PRINCIPAL POINTS TO BE CONSIDERED IN THE GENERAL CARE OF THE OPERATING ROOM.

We have pleasure in awarding the prize this week to Miss M. Dods, 123, New Bond Street, London, W., for her paper on the above subject.

### PRIZE PAPER.

To care for an operating-room the principal points necessary are cleanliness, including ventilation, heating, order. In hospitals and where there is a permanent theatre these are comparatively easy to keep perfect.

*Cleanliness.*—Floors must be washed. Walls, ledges, furniture should be dusted with a damp cloth, to keep the air as free as possible from dust. Fixed basins and sinks require frequent attention. Traps need the screw at the bottom of syphon removed and flushed with boiling soda water, followed by strong antiseptic fluid. Electric bulbs must be particularly well dusted.

*Ventilation* must be seen to, care being taken not to open windows on a very windy day shortly before operation, otherwise a good deal of dust will gain admission. If necessary to have them open, fix two layers of clean damp butter muslin across the opening by strong drawing pins.

*Heating.*—Have the room as near as possible to 70 degrees F. for the patient's sake. Hotter than this is inconvenient to surgeon.

*Order* must necessarily prevail, the rule being a place for everything and everything returned to its place as soon as possible after use.

Sterilizers, lamps, irrigators, etc., must be seen to daily, and defects remedied. If kettles are used for boiling water, they must frequently be cleansed from the fur which collects, due to hard water. All soiled dressings must be removed and destroyed as soon as possible. Never leave stains on the floor or furniture to be washed *presently*. In fact, everything must be kept ready for any emergency.

In private houses things differ. Unless one has 36 hours' notice it is best not to attempt a general spring cleaning. The dust accumulated in the average house is appalling from a surgeon's point of view. Cleanse the room as much as possible, removing carpet, hangings, and superfluous furniture, having due regard to the necessity of freedom from dust in the atmosphere. Do not forget windows may be overlooked; hang a clean muslin curtain across window. A clear fire helps ventilation as well as heating. Movable lights need special attention and cleansing. Do not use polished tables or furniture for operations. Have everything

necessary for use before the surgeons start work, to avoid opening doors.

### HONOURABLE MENTION.

The following competitors receive honourable mention:—Miss M. Punchard, Miss K. Robinson, Miss D. Johnson, Miss Macfarlane, Miss C. Dobson, Miss G. Saunders.

Miss M. Punchard writes: "The daily cleaning should be done by means of damp cloths wrung out of hot soda water containing some antiseptic or disinfectant soap, or soap powder. No sweeping should be done with a dry broom; in reaching to the ceiling the brush or broom can be covered with a damp duster. Every part of the theatre should be subjected to this damp cleaning daily—the walls, ceiling, shelves, and floor—the windows having been opened widely previously to ventilate. No dust should be allowed to collect anywhere. . . . Nurses working in the theatre should pay special attention to their hands, hair, and clothing, that each and all are quite clean. Anyone nursing an infectious case, especially erysipelas, should not be allowed in the theatre."

Miss K. Robinson mentions the necessity for keeping doors shut, so that dust may not be admitted from staircase and passages.

### QUESTION FOR NEXT WEEK.

What symptoms would lead you to suspect puerperal thrombosis of the lower extremities?

## THE INTERNATIONAL COUNCIL AT COLOGNE.

Fraulein Karll writes from Cologne, where she is deeply immersed in Congress organization, that slight alterations will be made in the Programme. One thing has been found quite impossible—the presentment of the original Nursing Pageant in its entirety, owing to the insuperable difficulty of staging it with those who are not able to be present until immediately before the Congress; but the Cologne ladies mean to adapt it in a manner we feel sure will be deeply interesting to those present. Sister Karll says "they will make a very beautiful thing of it—living pictures of 'The German History of Nursing,' the different phases of it—to end with the pageant idea of all the historical characters we can get in one group, and a group of modern nurses from all countries—so we want all the pageant characters you can bring and all your banners. Our pageant is to be called 'The Triumph of Hygeia.' You know they have a fine sense of art here, and we are to have splendid music; the organ in the Gürzenich is very fine, and

we are to have the world-famed 'Männerchor.' In the modern group we want a representative member in uniform from every country, and all who are to take part must be present at the rehearsal on the morning of August 4th.

"It is probable that blue and white will be the colours of the Congress, and that we shall make all the ribbons—embroidering the name of each country in white for the nurse members of the National Associations who will attend. All Congress visitors who take tickets for the whole Congress will get a rosette in the German colours.

"Then as to the programme for the meetings of the International Council to open at 10 a.m. on Monday, August 5th. There will be two sessions that day, so as not to carry over international business to Tuesday, and the Congress Sessions will begin on Tuesday morning at 9 a.m. Three sessions on Tuesday, 6th, and two on the 7th. An evening meeting is always a feature of our German Congresses—it is for the public at large, and there will be no discussion. The alteration has been made so that we can get in a Banquet on Wednesday evening, as you had in Paris and London—a fitting end to the professional sessions and discussions. Thursday and Friday will be given up to social functions."

Sister Karll asks that, as far as possible, nursing uniform may be worn on Sunday at the Pageant and Conversazione, as she much wants the German public to see its charming variety. She says in Germany they do not understand foreign nursing conditions, as they are used to nuns and deaconesses only—"the trained nurse in society is something quite new." At the Banquet she will be *en evidence*. Already a very long list of delegates and visitors has been notified at Headquarters at Berlin. From Great Britain we shall muster 100 at least. The names of official delegates are now nearly all in, and amongst our old friends we shall meet again with pleasure is Miss Take Hagiwara, sent with Miss Yao Yamamoto by the Japanese Red Cross Society from Tokyo; and Mrs. Reri Watatani, matron of the Mitsui Hospital at Tokyo, sent by Baron Mitsui. Large contingents of nurses from the majority of European countries have notified their intention of attending the Cologne Congress. The new Nursing School at St. John's Hospital, Brussels, will send Dr. Marcella and his wife, Mlle. Progneaux, Mlle. Méné Frey, and Mlle. Ranvy.

#### SOCIAL FUNCTIONS AT COLOGNE.

*Saturday, August 3rd.*—Opening of the Exhibition of Nursing and Social Work in the Marzel Gymnasium, 11.30 a.m.

*Sunday, 4th.*—Reception in the Güzernich, 7 p.m. A Pageant of German Nursing, "The Triumph of Hygeia," followed by a *Conversazione* in the Stapelhaus, 8 p.m.

*Monday, 5th.*—Festival of the Municipality of Cologne in the Floral Town Gardens, 5 p.m.

*Tuesday, 6th.*—*Conversazione* in the "Statwald" Town Woods, 8 p.m.

*Wednesday, 7th.*—Banquet at the Hôtel Disch.

*Thursday, 8th.*—Expedition by steamer up the Rhine to Kaiserswerth.

*Friday, 9th.*—Expedition to Ahrweiler, by invitation of Dr. von Ehrenwall, Medical Officer of Health. Tea in the woods. Tours and expeditions round Cologne and its environments.

Mrs. Bedford Fenwick, the Founder of the International Council, will entertain the Presidents of the various National Associations to dinner one evening, and Miss Breay, of THE BRITISH JOURNAL OF NURSING, the doyen of professional nursing journals, will entertain the editors of the various official organs of National Associations who may be present.

Miss L. L. Dock, Hon. Secretary I.C.N., reports the application for affiliation from the New Zealand Nurses' Association, which is truly national, being composed of four branches—Wellington, Auckland, Canterbury, and Otago—of which Miss Hester Maclean, the Assistant Inspector of Hospitals and Registrar, is President, and Miss Bicknell, of the Hospitals Department at Wellington, Hon. Secretary. No Association will be more warmly welcomed into the International Council than that of the Registered Nurses of New Zealand, who have been laying sure professional foundations since the Nursing Act came into force in 1901. Miss Sutherland and several other representatives will be present from New Zealand.

In response to the invitation issued by the National Council of Trained Nurses, the Incorporated Society of Trained Masseuses has appointed Miss Grafton to represent it at the Congress at Cologne.

The National Association of Midwives, and the Poor Law Infirmary Matrons' Association have also decided to accept the invitation, and will nominate their representatives at an early date.

## THE SOCIETY FOR THE STATE REGISTRATION OF TRAINED NURSES.

The Annual Meeting of the Society for the State Registration of Trained Nurses was held at the Medical Society's Rooms, 11, Chandos Street, London, W., on the afternoon of Friday, June 7th. Mrs. Bedford Fenwick, the President, who was in the chair, called upon the Hon. Secretary, Miss M. Breay, to read the minutes of the last Annual Meeting.

### NEW MEMBERS.

Before calling upon the Hon. Secretary to read the Annual Report the President invited the meeting to elect 66 new members, so that the society might have the benefit of their support as soon as possible. The new members were unanimously elected, and their names will be published next week.

The Hon. Secretary then read the Annual Report and Financial Statement, which were adopted.

### THE ANNUAL REPORT AND AUDITED ACCOUNTS.

The Annual Report drew attention to the evidence of increasing urgency for the definition of a minimum standard of professional education for trained nurses, and the recognition by the State of those who attain it, not only in the interest of the nurses, but for the protection of the sick public, as forcibly demonstrated during, and since, the passing of the National Insurance Act.

One hundred and fifty-seven new members had joined the Society during the year, bringing the total membership up to 3,185. The Report mentioned that nurses in Scotland and Ireland are actively working through their own professional Societies for their Registration by the State. It also referred to the unsatisfactory position of nurses and of nursing under the National Insurance Act, and pointed out that while the quality of medical treatment and of the care to be given by midwives to insured sick persons was standardized by restricting it to registered medical practitioners and certified midwives, the quality of the trained nursing to be provided and paid for was left indeterminate, as there is no statutory definition of a trained nurse. Further, that though every effort had been made to secure direct representation of Trained Nurses, through their professional organizations, on the Joint Advisory Committee and the National Advisory Committee for England and Wales, they had been excluded from such organization, and consequently from the power of advising the Com-

missioners concerning the standard of nursing for the insured sick, and the remuneration of nurses under the Act.

### REGISTRATION OUTSIDE THE UNITED KINGDOM.

Attention was drawn to the Acts recently passed for the Registration of Nurses in the States of Delaware, South Carolina, and Rhode Island, in the United States of America, bringing the number of these States up to 34, and in the British Dominions in Queensland and Ontario, and to the necessity for a definite qualification for trained nurses in the United Kingdom, in order that there may be reciprocal recognition between Great Britain and her Dominions beyond the seas.

The Audited Accounts showed a balance at the Bank and in hand of £40 7s. 6d.

Arising out of the Report was the appointment of a representative to the International Congress of Nurses at Cologne, and on the proposition of Miss E. Pell Smith, seconded by Mrs. Bridges, the President was nominated and consented to act, if it was the wish of the members. This was carried unanimously.

Referring to the question of direct representation under the National Insurance Act, the President said that English nurses felt strongly their exclusion from such representation on the Advisory Committees.

The Scottish Commissioners had appointed Miss A. W. Gill, R.R.C., President of the Scottish Matrons' Association and the Lady Superintendent of the Royal Infirmary, Edinburgh. Miss Gill was nominated both by the Matrons' and the Nurses' Association, and Scottish nurses therefore felt they had direct representation. She was sure the meeting would wish to congratulate them upon it.

### THE EXECUTIVE COMMITTEE.

The Executive Committee were then re-elected for the ensuing year, with the addition of Miss I. C. Keogh, late President of the Irish Nurses' Association, and Miss Hanan, Secretary.

### ADDRESS BY DR. W. A. CHAPPLE, M.P.

The President then said that it was with much pleasure, which she was sure the members shared, that she called upon Dr. Chapple, who had been good enough to spare time to be present, to address the meeting.

Dr. W. A. Chapple, M.P. for Stirlingshire, and formerly a Member of Parliament in New Zealand, said that he had been invited to speak because of his experience in New Zealand, and was aware of the beneficial changes in that country since the passing of the Nurses Registration Act.



He was not one of those who thought that because a thing had proved beneficial in the Colonies it was necessarily suited to this country, where things were more complex. But our over-seas dominions were excellent laboratories in connection with the mother country. Laboratories should be remote, as a precaution against explosions and bad odours. New Zealand fulfilled these conditions.

New Zealand was, he believed, the first country in which nursing was recognised as a profession; the first to do away with the initial drudgery; where the probationers are treated as those of a kindred profession (that of medicine), and do not have a scrubbing-brush but a thermometer and a case-sheet put into their hands.

These changes had taken place because the skill required of nurses is now greater than was the case thirty years ago. They were required to handle instruments of precision, to possess not much less skill than the doctor himself, and to assume responsibilities as great. There was, therefore, necessarily a great demand for higher education, a necessity for culture and refinement on the part of nurses, while the need for gentleness, tact and sympathy was as great as ever.

The necessity for differentiation between the skilled and the unskilled became evident in New Zealand not so much in the interests of the nurses as in those of the public. The movement for the registration of doctors was not primarily in their interest, but was justified by the needs of the public. If a nurse walks into a sick room the public should have the assurance of the State that she has the right to be there because of her skill and knowledge.

In other departments this held good. The State, for instance, enacted that if a customer desired to buy a gold ring and the jeweller sold him a brass one he had to suffer for it. The State assumed and protected the ignorance of the purchaser.

In the case of the ring, that was a matter of comparatively small importance. The public did not know whether a nurse knew her work or not, and it was vital for the patient that he should know, since his life might and did depend on her competence. It might depend, for instance, upon whether a disinfected nurse drew up a window-blind during an operation and infected her hands. Life might depend on that.

So it was right that the State should come along and say "You are not competent to say whether your life is safe, or the nurse competent or incompetent." It should assume the ignorance of the average layman, and step in and safeguard him.

In New Zealand, when the Nurses' Registration Bill was before Parliament, they had the advantage of all the women as Parliamentary voters. Politicians got into the way of feeling the pulse of their constituents, and if these were only men they kept their fingers on the masculine pulse and did not feel the feminine one at all.

The Act was a very simple one, affording guarantees to those nurses in practice when it became law. The registered nurses had a badge which every nurse wore with her uniform, and which they had learned to value. The whole public throughout New Zealand were also familiar with it, and if a nurse did not wear it they wanted to know the reason why. Thus all those who previously could get work by wearing a uniform now found that this was insufficient. The public recognised by the badge whether or not a nurse had had full training. The result of the Act, therefore, was to eliminate imposters, those who traded on the uniform, and those who were not in earnest, and did not trouble to take the full training. This differentiation of the sheep from the goats was of inestimable value.

But if the Act was beneficial to the public, it was also good for nurses. Its result had been to attract a better class of women to the profession, to raise the status of nurses, and their whole standard and tone.

Another effect of the Act was to establish certain hospitals as training institutions. These teaching hospitals set up a good curriculum, and vied with each other as to which should offer the best course. The result to these hospitals was to emphasise their teaching power, and hospital authorities need not fear that registration of nurses would be injurious to them. On the contrary, it would be beneficial.

It was amazing, said Dr. Chapple, that so fair, so just, so necessary a measure had not before now been passed in this country. It was not a party question, but a national matter. It was also advantageous to the doctors because it was important that they should have a guarantee of definite training in the case of nurses. It ought to be possible to get round amongst the Members and obtain their support to the Bill now before Parliament. He did not think there was lack of interest in the House, or that there would be opposition on the part of the Government. He thought, also, it might be possible to get the measure passed as an agreed Bill.

The President said that she was sure the meeting had listened to the eloquent Address given by Dr. Chapple with the greatest pleasure. The protection of the public, to which Dr. Chapple had referred, was, she believed, the primary interest of the members of the Society. They recognized their collective duty to the community, in spite of their lack of force in the body politic.

She was sure the meeting would desire her to convey its sincere thanks to Dr. Chapple for his Address and his promise to help forward the Registration movement. The time, work, money, and energy which had been devoted to the promotion of the registration cause was known only to a few, but at the end of twenty-five years the promoters realised that without

the lever of the Parliamentary vote their conscientious work for the community counted for very little, and the help of Members of Parliament was imperative and greatly appreciated. She hoped that a Committee would be formed within the House to push forward the rights of the public and of trained nurses to statutory registration.

#### RESOLUTIONS.

Three resolutions were then presented to the meeting, all of which were passed unanimously. The first, proposed by Miss M. Heather-Bigg, matron of Charing Cross Hospital, and seconded by Miss L. V. Haughton, matron of Guy's Hospital, asking that effect should be given at the earliest possible date to the unanimous recommendation of the Select Committee on Registration of Nurses (1905), that it is desirable that a Register of Nurses should be kept by a Central Body appointed by the State.

In seconding the resolution Miss Haughton said that legal status was quite essential for the nursing profession; it was not a luxury, not a hobby, but an imperative necessity, and would make things very much better for those responsible for the training of nurses.

The second resolution, proposed by Miss H. L. Pearse, Superintendent of School Nurses under the London County Council, and seconded by Mrs. Shuter, conveyed the cordial congratulations of the Society to the British Dominions and States in the United States in which State Registration laws have been recently enacted. Miss Pearse said that the need for organization and registration was more urgent than ever, and that daily one could not fail to be impressed with the numberless and increasing openings for trained nurses, not only in the care of the sick, but in preventive work. Under the National Insurance Act much work for the sick would be done by nurses, and they ought to be fully trained and registered.

The third resolution protested against the exclusion of the Trained Nurses' Organizations from direct representation on the Advisory Committees under the National Insurance Act, and brought this grievance to the personal knowledge of the Chancellor of the Exchequer.

Miss E. B. Kingsford, the mover, said that, as a patriot, she was disgusted at being continually ignored, and was getting to the end of her patience. The one class which should have direct representation on the Advisory Committee were the trained nurses, and she felt there must be some ulterior motive in their exclusion. What she most feared was that this exclusion indicated that thoroughly trained nurses would not be expected to deal with the

insured sick. This would be deplorable, because the poor did not send for nurses for minor ailments. When they required trained nurses they were usually seriously ill, and ought to have the best possible skill.

Miss Beatrice Kent, who seconded the resolution, said that what was at stake was the principle of freedom through direct representation of self-governing societies on the Advisory Committees. Freedom meant opportunity, and this had been granted to every class affected by the Act excepting trained nurses. It was said that patience was a virtue, but where it involved a wrong to others besides oneself it became a vice. There was no personal feeling in the protest which was being made to the Chancellor, but, like Miss Kingsford, she was tired of the work, health, strength, and money of trained nurses being utilized and no corresponding privileges being granted to them.

The Chairman pointed out that the interests of the nurses had not been overlooked by those who held a watching brief for the nursing profession, but every effort had been made to bring their claims before the Chancellor of the Exchequer and Sir Robert Morant, the Chairman of the Insurance Commission.

The exclusion of trained nurses from direct representation might be the result of pure ignorance, for Government Departments were very ignorant about women's needs, especially in connection with nursing matters, but there was a danger in the fact that the only members of the nursing profession nominated by the Commissioners to seats on the Advisory Committees were three officials of a charitable Institute—which recognized and inspected midwives acting as nurses through the County Nursing Associations—entirely under lay control. It was a dangerous system which had crept in all over the country, and provided very cheap contract nursing to the rural poor. As a charity, it was argued it was better than nothing; but the nursing profession claimed that the insured sick had as distinct a right under the Act to qualified nursing as they had to qualified medical, midwifery, and pharmacy benefit. The grievance of the nursing profession was that they were deprived of the privilege of expressing an independent expert opinion by their exclusion from representation on the Advisory Committees in England and Ireland, a privilege accorded to the medical profession, to certified midwives and chemists through their professional organizations. The denial of legal status to the nursing profession was primarily to blame for the grave injustice.

After the usual vote of thanks to the Chair the meeting terminated, and the members ad-



journed to 2, Portland Place, where Mrs. Walter Spencer, always a most kind and genial hostess, had prepared a most refreshing tea, and the formal character of a business meeting was exchanged for a social gathering, and where, to judge from the animated conversation, Dr. Chapple gathered the views of those prominent in all branches of nursing work. The meeting throughout was animated with a most cheerful and determined spirit.

MARGARET BREAY,  
*Hon. Secretary.*

### SCOTTISH MATRONS' ASSOCIATION.

While it is well known that the Advisory Committees under the Insurance Act are not elected bodies, it is interesting to note that when a ballot was taken to suggest a list of names of representatives of women workers to act on the Advisory Committees for Scotland, Miss Gill, of the Royal Infirmary, Edinburgh, was nominated by the Scottish Matrons' Association, the Scottish Society of Trained Nurses, and other bodies. We warmly congratulate Scottish nurses upon the sensible action of the Scottish Commissioners in placing a nominee of Nurses' Organizations on the Advisory Committee. Let us hope the English and Irish Commissioners will follow their example.

### THE BIENNIAL HEALTH CONFERENCE AND EXHIBITION.

On June the 24th the above Conference and Exhibition will be opened at the Horticultural Hall, Vincent Square, S.W., by the Mayor of the City of Westminster, and will continue in progress until the 27th inst. To judge from the programme there will be a vast amount to learn of the greatest value to those interested in the public health, and the Exhibition will, we have no doubt, be visited by doctors, nurses and the public in large numbers.

An interesting feature of the Exhibition will be the exhibits of voluntary and philanthropic workers, including physical drill by Boy Scouts, Boys' Brigades, Working Girls' and Boys' Clubs, &c., organised by the National League for Physical Education and Improvement; a *real* school for mothers with living doctors, nurses, mothers and babies at work, and also, by the courtesy of the St. Marylebone General Dispensary, a "model infant consultation," as shown at the Dresden Hygiene Exhibition; the exhibit of the City of Westminster Health Society, and the Consumption Maps lent by the Medical Officer of Health for the City of Westminster; a novel Hygienic Fountain, as used in a large factory in America, by which the general use of a cup is avoided.

The National Society for the Prevention of Cruelty to Children, the National Association for the Feeble-minded, and the National Organisation for Girls' Clubs are all contributing exhibits. Dr. Arthur Lyster, of Chelmsford, will show his shelter for tuberculosis cases.

The Conference and Popular Lectures, in which many experts are to take part, will be no less interesting. A programme of the Conference will be found in our advertising pages.

### PRIZES AT LEICESTER INFIRMARY.

#### THE FIRST GOLD MEDAL.

There was a large gathering in the Dining Hall of the Nurses' Home, at the Leicester Infirmary, on the afternoon of Wednesday, 5th inst., when the nursing staff met for the annual distribution of prizes. Sir Edward Wood presided, and was supported by Mrs. Charles Booth, Miss Rogers (Lady Superintendent), Mr. C. J. Bond (Senior Surgeon at the Leicester Infirmary), Dr. R. Pratt (Senior Physician) and many other friends.

Miss Rogers presented the report of the year, and said 36 probationers had entered the course. Eighteen obtained their certificates. Several nurses in leaving had passed other examinations. The teachers were to be congratulated. There had been several changes amongst the staff. The most important change, from the educational point of view, was the starting of lectures for nurses in their third year by Sister Jessie, who had accomplished great things, and the giving of a gold medal for the most proficient.

Miss Rogers read the report of Miss Wolseley Lewis, the examiner in nursing. This gave particulars of the examination, and said the whole average of work was distinctly good. Miss Rogers explained that this was the first year the nurses had been examined by an outside examiner. The winner of the gold medal was Nurse Watherstone.

Mrs. Booth, in making the presentation, said it was a very great pleasure and delight to her to be there, and to hear what was being done. They owed an immense deal to these clever nurses.

Mrs. Booth then presented the prizes as follows:

First Year Nurses.—Nurse Addison, three first-class (prize); Nurse Horton, three first-class (prize).

Second Year Nurses.—Nurse May, two first-class, one third-class (anatomy prize); Nurse Evans, one first-class, two second-class (nursing prize).

Final Examination for the Gold Medal.—Nurse Watherstone, three first-class, total marks, 468.

In replying to a vote of thanks, Sir Edward Wood said it was his pleasure to live for the hospital. A great work for suffering humanity was being done there. They were indebted to Miss Rogers for the gift of the first gold medal. It would be a great joy to the recipient. They all cherished Miss Rogers most dearly, and revered her work.



## APPOINTMENTS.

### MATRON.

**The Royal Infirmary, Doncaster.**—Miss E. M. Humphries has been appointed Matron. She was trained in the Royal Infirmary, Edinburgh. She has since been private and district nursing for the Burton-on-Trent Nursing Institution, Assistant Matron in Carnegie House, Royal Asylum, Montrose, and Assistant Night Superintendent in the Royal Infirmary, Edinburgh.

**Cottage Hospital, Romford.**—Miss A. N. Hobson has been appointed Matron. She was trained at the Royal Infirmary, Bristol, has been a Queen's Nurse at Leeds, Matron of the Cottage Hospital, Chesham, Nurse-Matron at Fordingbridge, and now holds the position of Nurse-Matron at the Cottage Hospital, Coltishall.

### LADY SUPERINTENDENT.

**Alexandra Hospital, Montreal, Canada.**—Miss Grace M. Fairley, Senior Assistant Matron at Belvidere City Hospital, Glasgow, has been appointed Matron of the Alexandra Hospital, Montreal, Canada.

### NURSE-MATRON.

**Bridlington Borough Sanatorium.**—Miss Margaret J. Edward has been appointed Nurse-Matron. She was trained at the Royal Infirmary, Sheffield. She has since held the position of Staff Nurse and Sister in various hospitals, and has been Matron of the Alcester Joint Hospital.

### SISTER-IN-CHARGE.

**Strinesdale Consumptive Sanatorium.**—Miss Edith Thompson has been appointed Sister-in-Charge. She was trained at the Prince of Wales' Hospital, Tottenham, and has held the position of Sister at the Crossley Sanatorium and the City Sanatorium, Birmingham.

### NIGHT SISTER.

**The Royal Infirmary, Bradford.**—Miss Margaret Bridge has been appointed Night Sister. She was trained at the Royal Infirmary, Derby, and has held the position of Private Nurse and Temporary Night Sister at the same institution. She has also been Night Sister, and Sister of the Children's Ward and Theatre at the Walsall and District Hospital.

### INSPECTOR OF RELIEF.

**Parish of St. Giles, Camberwell.**—Miss Bertha Gardner has been appointed Inspector of Relief. She is at present Infant Life Inspector and Visitor under the boarding-out order of the Local Government Board. She was trained at Fishponds Infirmary, Bristol. She has since done private and district nursing at Clifton and Leicester, and she has filled a public position at Leicester. Miss Gardner holds the C.M.B. certificate and that of the Royal Sanitary Institute.

### QUEEN VICTORIA'S JUBILEE INSTITUTE.

The resignation of Miss M. Lamont, Superintendent of the Irish Branch has been received by the Committee of Queen Victoria's Jubilee

Institute for Nurses with great regret. She has held the post of Superintendent in Ireland since 1899, and the successful development of the work of Queen's Nurses in that country is largely due to her tact and capability. In 1899, there were 50 affiliated Associations, employing 62 Queen's Nurses. On December 21st, 1911, there were 127 affiliated Associations, employing 162 nurses working in every part of Ireland, including the islands and sparsely inhabited districts on the Western Coast.

Miss Annie M. Peterkin, Queen's Inspector for Lancashire and Cheshire, is appointed Superintendent of the Irish Branch of Queen Victoria's Jubilee Institute for Nurses.

She was trained in general nursing at Chalmers Hospital, Banff, N.B., and in midwifery at Cheltenham. She received her District Training at Bloomsbury and was enrolled as Queen's Nurse January, 1894. She has subsequently held the following appointments under the Institute:—Queen's Nurse, Bridgwater; Superintendent Queen's Home, Birmingham, 1898; Inspector in the Eastern Counties, 1904; Inspector in Lancashire and Cheshire, 1906, and during the absence of Miss Hughes she has for two periods of three and six months respectively acted temporarily as General Superintendent.

*Transfers and Appointments.*—Miss Gertrude Williams is appointed to Cheltenham, as Assistant Superintendent; Miss Maud Aland to Sheffield; Miss Elizabeth Dickenson to Kidderminster; Miss Frances Gillett to Bridgwater; Miss Louisa Longford to Chorley; Miss Sue Milsom to Winstar and Crosthwaite; Miss Ellen Morey to Chorley; Miss Maud Rice to Coventry; Miss Catherine Wilcox to Morriston.

## "A TRIBUTE FROM HER NURSES."

A touching tribute to the memory of Miss Henrietta C. Poole, for thirteen years Matron of the Blackburn Infirmary, has been placed in the Parish Church of that town. It consists of two gifts which have been subscribed entirely by the nurses who knew and loved her—a brass tablet inscribed with her name and the dates of her work there (1895–1908) and the inscription: "Called to higher service, 22nd June, 1910, a tribute from her nurses to her noble life and work"; and a credence table in oak, which was used for the first time on Whit-Sunday.

Many appreciative words have been said by those who knew Miss Poole, but perhaps the truest were thus uttered recently by an old friend, who said: "You could not meet her without being struck by the impression of purity, so clean in body, so clean in mind, so clean in spirit."

Miss Poole was trained at "Barts" in the strenuous eighties and her long years of subsequent nursing work reflected the greatest credit upon her school and her profession.

## NURSING ECHOES.

The great career of Miss Florence Nightingale is to be told in a biography by Mr. E. T. Cook. Miss Nightingale is fortunate in her biographer, and Mr. Cook has a fine subject.

There will be an element of sorrow at the meeting of the Leicester Infirmary Nurses' League, on the 13th inst., as farewell must be said to Miss Gertrude Rogers in her capacity of Lady Superintendent of the Leicester Infirmary, as she vacates office at an early date. Upon this occasion an expression of gratitude and affection upon the part of hundreds of pupils who during the past twenty-five years have been trained under her care, and from other friends, is to find expression by the presentation of a gift to Miss Rogers. The fact that, after a rest, Miss Rogers means to take part in work for the benefit of the profession generally is good news. The scope is wide and the labourers are few!

Dr. Robert B. Campbell forwards to the *Asylum News* a resolution passed by the Scottish Division of the Medico-Psychological Association when it considered the terminology of the Lunacy (Scotland) Bill, which expresses the opinion that "It is highly desirable that the terms and designations employed in Acts of Parliament and official statements with respect to mentally affected persons should be such as are in harmony with present-day conceptions of the nature of mental disorders, and are not repellent to the feelings of the persons affected or of their relatives," and it begs to draw special attention to the words—'lunatic,' 'lunacy,' and 'pauper,' for which it would suggest as substitutes the words—'person of unsound mind,' 'mental disorder,' and 'public.' For the term 'Asylum for Lunatics,' it is suggested that as an alternative the term 'Hospital for Mental Disorders' might be substituted." These suggestions are eminently humane.

The annual report of King Edward's Coronation Fund for Nurses in Ireland states that the number of nurses who are members is now 217. The capital of the Society now consists of £5,095, and it is entirely a benevolent fund from which the members can receive help in time of need. The following Council was elected at the annual meeting:—Miss Kelly, Lady Superintendent, Steevens' Hospital; Miss

MacDonnell, R.R.C.; Mr. James Crozier, J.P.; Sir John Lentaigne, M.D.; Mr. Marcus Tertius Moses, J.P.; Sir Christopher Nixon, Bart.; Mr. T. A. O'Farrell, J.P.; Sir Lambert Ormsby, M.D.; Sir Andrew Reed, K.C.B., and Sir William Watson, D.L.; and the following five members as representatives of the nurses on the Council—Miss Powell, late Lady Superintendent Charlemont Hospital; Miss M'Givney, Lady Superintendent Mater Misericordiae Hospital; Miss Butler, Lady Superintendent Sir Patrick Dun's Hospital; Miss Mullaly, Sister, Steevens' Hospital; Miss Colvin, Lady Superintendent Mageough Home.

The Ulster Branch of the Irish Nurses' Association had a very successful picnic last week at Scrabo Tower, Newtonwards, after an enjoyable drive from Belfast. Thirty-seven of the members were present.

Miss B. V. Hedderman, a devoted district nurse in the South Island of Aran, Galway Bay, writes of the need for a lamp at some little eminence so that the islanders may be able to guide the currachs safely ashore, whether they are fishing or have to come across for special needs. She says:—

Though old barbarities are not possible here now, still, after all our connection with boards, congested or normal, old hardships are still existent in Aran, and it is not easy for outsiders not directly concerned to gauge the intensity of the strain of those who are obliged to grapple with these hardships.

The latest experience bearing on this occurred on Thursday night. A 2 a.m. call necessitated a three-mile voyage across the foul sound here, to the island of Inishman, with nothing to mark our passage but the faint phosphorescence of the waves, the darkness reaching its climax at the "slip," "our landing place," which the men could not discern for a long time. This caused considerable delay before I could reach the patient, who was in urgent need of my assistance.

Let any reasonable mind think for a moment on the lives endangered in this attempt to land in utter darkness, and, if there were no lives at all at stake, the safety of the fishermen's boats ought to be considered.

My own work, too, in the midwifery capacity, is important to those poor people, even though it is a function the usefulness of which is not fully comprehended by them, nor even by the department responsible for the health and birth rate. If this were not so, the matter would receive much more attention than it does.

It is true that coastguards and lighthouses abound, but the light from the latter is invisible



from all points of the route across this part of the sound, intercepted by the rocky elevation of the South Island, and is of no use as a guide. The preventive men, too, seemed to be bound in slumber's chain at this unearthly hour.

I have mentioned this last occurrence to ward off future dangers, and point out the risks encountered by the crew and the nurse, with exhausting nerve worry to a waiting patient—all owing, in this case, to a circumstance so easily righted, yet so carelessly overlooked.

And this is the type of woman Sir Frederick Eve presumes is incapable of nursing the rural poor because she is trained!

### TRAINED WOMEN NURSES FRIENDLY SOCIETY.

This Society, which has been formed to meet the special requirements of women nurses only, trained and in training, who require to insure under the National Insurance Act, and is entirely self-governing, is now prepared to issue proposal forms to those desiring to join the Society. Apply to the Hon. Secretary, Miss Mollett, 431, Oxford Street, London, W. A meeting to elect officers will be held in London at an early date.

### KING OF SPAIN DECORATES MRS. PARODI

Permission has been given by the King to Mrs. Elena Josephine Emily Parodi, the wife of Mr. H. P. Parodi, of Gibraltar, to accept and wear the Cross of the First Class of the Order of Military Merit, which decoration has been conferred upon her by the King of Spain, in recognition of valuable services rendered by her to the Spanish sick and wounded during the Melilla campaign.

### GOLD BADGE FOR MISS AYRES.

Miss Ayres, President of the Royal Victorian Trained Nurses' Association, has left Victoria for South Africa, and before departure she was presented with the Gold Badge of the Association in recognition of her work for the organization of trained nursing. In thanking the Council for the gift Miss Ayres expressed the hope that a nurse should hold the position of President or Vice-President of the Association next year.

### PRESENTATION.

Miss A. Clark, who has resigned the position of Matron to the Finchley Cottage Hospital, was before her departure presented by Miss Dykes, the chief nurse, with a beautiful silver fruit bowl and silver sugar basin from the staff. In expressing her thanks and in bidding them good-bye Miss Clark wished them all every happiness and success in their future life.

## REFLECTIONS.

### FROM A BOARD ROOM MIRROR.

There was a crowded and enthusiastic audience at the Mansion House on Monday, when the Lord Mayor presided at the fifty-fifth anniversary of the London Biblewomen and Nurses' Mission, an excellent society now located at 25, Russell Square, W.C. The Lord Mayor was supported by the Lady Mayoress, the Marquis of Northampton, Dr. Holmes, Archdeacon of London, Sir Alfred Pearce Gould and others. The Lord Mayor said that matters little understood when he was a medical student were well understood now, and numberless lives were saved which would then have been sacrificed.

Sir Alfred Pearce Gould referred to the need for greater co-operation with kindred and forward movements, and as a proof of the scope of the work of the Society Miss Paxley, the General Secretary mentioned that its nurses, all of whom are fully trained, work in connection with the London County Council at treatment centres for school children, and also in tuberculosis work.

Although the subscriptions of the Society have not covered its annual expenditure, it has had a number of legacies, and also has a reserve fund. A gift of £1,000 was received in the hall.

Princess Louise Duchess of Argyll recently visited Glasgow and opened the Cancer Hospital, announcing that the King directed that the hospital should in future be named the Glasgow Royal Cancer Hospital.

Sir Henry Burdett has retired from the Council of the Royal National Pension Fund for Nurses, and, presumably, from the Deputy Chairmanship of the fund. Why? It was mainly through this organization that the circulation of his weekly paper for nurses was built up—a very profitable venture, and through which he has been able to keep an anti-registration grip upon thousands of its members, much to the detriment of the status and economic conditions of the profession as a whole. We have always frankly objected to the monopoly of the control of nurses' money by a Council of financiers upon which they are excluded from effective representation, however altruistic may be the intentions of these gentlemen.

The Annual Meeting and Show of articles received was held by the Ladies' Linen League in connection with the Essex County Hospital on Wednesday, June 5th, about forty associates accepting the Matron's invitation. 849 articles and 86 yards of Turkey twill were received, which included 100 sheets (linen), 49 draw sheets, 120 pillow cases, 167 hand towels, 26 round towels, 75 bath towels, glass and tea cloths, sterilizing towels, locker cloths, table cloths and bed jackets. This exceeds previous years.



## THE HEALTH EXHIBITION AND CONFERENCE AT BRISTOL.

### NURSES' DAY.

The Health Exhibition and Conference organized by the Nurses' Social Union, in connection with the Triennial Fête of the Union, and opened at the Victoria Rooms, Clifton, Bristol, on Thursday last week to nurses, and on Friday to the public, is the first of its kind to be held in the provinces, and the promoters are greatly to be congratulated on the way in which they have presented the importance of nursing in the promotion of the national health to the public.

At the opening ceremony the chair was taken by Mr. Joseph Storrs Fry, Chairman of the General Hospital, Bristol, who spoke of the great interest of the occasion, and referred to nursing as one of the most important occupations in which women could be engaged. He spoke of the great changes which had taken place within his memory. He remembered the time when nurses had hardly any status, when training was insufficient, and the opportunities of nurses not comparable to those they enjoy now. To-day the place held by them in connection with the healing art was of the very first importance, and he congratulated them on their great services to the community in the past, which were, he believed, destined to increase still more in days to come.

The moral aspect also gave cause for great thankfulness. Nurses not only alleviated human suffering, but came in contact with the higher sphere of human life in its relation to the unseen. Their faces were often the last seen, and their voices the last heard on this side the veil. They should, therefore, be tender, full of love and spiritual help. "I am," concluded the chairman, "deeply thankful for the work in which you are engaged, and wish you the Divine help that you may be an unspeakable blessing to those with whom you come in contact."

### THE OPENING OF THE CONFERENCE AND EXHIBITION.

Miss Amy Hughes, President of the Nurses' Social Union, then declared the Conference and Exhibition open, and said how interesting it was to find the development of the technical work of nurses and their great responsibilities becoming recognised as part of the social work of the community.

The object of the Nurses' Social Union was to bring together every branch of the profession, and make their work something which would affect for good the people amongst whom they live.

Miss Hughes emphasised the fact that in carrying out medical orders grave responsibility rested upon nurses. They should never forget that patients were not "cases," but people. In the houses of their patients private nurses and district nurses had a great personal responsibility for the influence they brought to bear on people and their surroundings. Every house they entered was the better or worse for their technical ministrations and

professional influence. Nurses were called upon to deal with difficult social questions; and in their hospital work were confronted with difficult problems. In the home environment of the people the opportunities of a woman of the right sort were unbounded.

Ignorance and superstition were by no means confined to the poorer classes, and nurses had to remove many misapprehensions.

The Nurses' Social Union helped them to co-operate. Nothing was worse for nurses than to get into a groove—my work, my patient, what I am doing. They must get out of that.

She hoped that the Conference week would be a happy one; and that they would go away from it determined to make their uniform more honoured and respected than it had always been in the past. They needed recognition by the State, as a body of professional women, and proof of this was afforded in the formation of the committees under the National Insurance Act.

They were not yet properly recognised and registered by the State as a body of women with standardised training, without whom the medical profession could not get on. They must therefore, walk humbly but steadily on, and do their best to make their profession one worthy of having been founded by Florence Nightingale, and nobly carried on by others.

At the conclusion of her address, there was a pleasant little episode, when Miss Fry asked Miss Hughes' acceptance of a beautiful shower bouquet of pink carnations and asparagus fern; and Miss Douglas presented Miss Joseph, the County Organiser, with a bouquet of white Mary lilies and roses tied with soft satin ribbon.

Miss Eden proposed a vote of thanks to Miss Hughes, and said that she had given help to the Nurses' Social Union from the first.

Miss Fry, who seconded, said that the success of the exhibition was largely due to Miss Joseph, the Hon. Organizing Secretary, who had the able help of Miss Symonds.

### NURSES AND NATIONAL NEEDS.

In the afternoon of Nurses' Day Dr. Marion Linton presided, when Dr. Mary Sturge lectured on "Nurses and National Needs."

Dr. Sturge said that when she told a Matron that she was to address the nurses at Bristol and asked what she should say, the reply she received was "Tell them to think." As she herself went round the hospital wards she asked herself, "Ought that woman to be ill—that man to have that disease—that child to be blind?" Our country had great needs. The problem was what were we doing; what ought we to do? Nurses, said Dr. Sturge, were beacons in the houses of their patients; they were there to save the situation. If we look around we see on the surface beauty, beneath terrible illness. We ought to go about asking "Why?" What could nurse do in relation to the mass of humanity filling the hospitals? They could help the mothers of England to bring up their boys and girls with holy, healthy thoughts on the sex question.

In an earnest address Dr. Sturge explained some of the ways in which this may be done.

Dr. Sturge devoted the second part of her address to the evils wrought by alcohol and drugs.

#### NATURE, VISIBLE AND INVISIBLE.

The last lecture of the day was given by Mr. Stephen Paget, F.R.C.S., on "Nature, Visible and Invisible," with cinematograph illustrations showing bacteria in motion. Needless to say, Mr. Paget charmed his audience, for the subject was entrancingly interesting, and he has inherited the silver and eloquent speech with which Sir James Paget was wont to keep audiences spellbound.

#### ATTRACTIVE.

The attractions of the Conference and Exhibition were so numerous and varied that it is impossible even to mention a tithe of them. Each day there was a full programme, including lectures, concerts, infant care, cookery, and needlework demonstrations by Matrons, midwives and others, Morris and other dances, theatricals, and many other interesting fixtures to suit all tastes.

Amongst the arrangements on June 6th was a Red Cross demonstration, given by the Badminton House Division, of which the Duchess of Beaufort is President, and Mrs. H. Butler Commandant. The members of the Division, in grey washing uniforms and white aprons, with a red cross on the breast, wearing a distinctive badge, looked very workmanlike and smart, as will be seen in the accompanying picture, for which we are indebted to Miss Lilian Maule. The eighteen nurses and three cooks of the Division were recently subjected to the annual military inspection of Colonel Jennings. All the nurses have passed both the first aid and the nursing examination of the Red Cross Society

#### THE EXHIBITION.

The Large Hall in which the Exhibition was held was divided into two sections, the trade

exhibits, and the professional exhibit arranged by the Nurses' Social Union. The scheme of decoration of the latter was beautifully conceived and carried out, reflecting the greatest credit on all concerned. Arches of trellis work covered with roses climbing over them, divided it from the more utilitarian portion of the Hall, and, indeed, it was roses, roses everywhere, and lovely baskets of flowers accentuated the general impression of light and brightness. Nothing could have been more beautiful or appropriate, or have symbolised better the purity and beauty introduced into the social life of the community by women's work.

#### THE NURSES' SOCIAL UNION EXHIBIT.

(Lent by Miss Eden, the Central Organizer).

These exhibits, which were numerous, and most interesting, were designed mainly to teach the Laws of Health through the eye, and to demonstrate how Hygienic and Sick Room Appliances can be extemporized by handy people at small cost.

In the BABY AND INFANT CARE SECTION were to be seen, amongst many interest-

ing exhibits, a set of model baby clothes and patterns, a cot made from an orange box with battens attached to fix under the mother's mattress—the advantages being that one set of bed clothes suffices, and that the baby gets a certain amount of warmth without any danger of overlying; an ingenious model of a table used for a cot, as used at the Home for Mothers and Babies, at Woolwich, in which a hammock is slung from the legs of the inverted table; the "Baby Bin," which is used first as a cradle, and afterwards as a safe playing place, invented by a former hospital nurse, and a Baby Carrier Sling, made of macramé twine at a cost of 1s. 1d.

In the NURSING SECTION were to be seen the aluminium district box invented by Miss Eden, which created so much interest and gained the first prize at the International Nursing Exhibition



BADMINTON HOUSE RED CROSS NURSES.



in London, in 1909; a washing lining to pockets sent by Miss Hadden, Supt., 23, Bloomsbury Square, for phthisical cases, an arrangement for keeping a mackintosh taut, given by the Dutch Nurses' Association; a cushion filled with bran instead of air or water when there is a leakage in the cover, a food warmer for warming a baby's bottle, made of a cocoa tin, which is used as a shield for a candle end, and a saucepan (price 1d.), a sputum flask made of peat, a sand-bag hot water bottle, and many other expedients.

In the TRANSPORT SECTION were some interesting models made by the members of the Ambulance Corps in Switzerland of emergency methods of transporting the sick where no road and ambulances are available. A carrying chair, made with roller towelling, sent by Miss Hadden, and costing 6d.

In the HISTORICAL SECTION the most conspicuous exhibit was the group of 17 dolls in correct costume of different nationalities and centuries including a Sœur de Charité, and a plague attendant dressed in leather. Here were also to be seen an embroidered collar and cuffs worn by Sister Dora, and Miss Eden was reverently showing a handkerchief, forceps and spatula used by Miss Nightingale.

In the HYGIENE SECTION the exhibit which attracted most attention was the model of a slum room before and after the nurse had been at work. In the first case the patient is lying in a most unsavoury, untidy bed, with dirty blankets, grimy pillow cases. On the dressing table is a comb full of combings, there is nothing in the room one would like to touch. The other room shows the transformation effected by the district nurse, with the same furniture, but everything clean, bright and in nursing order, and the patient comfortably propped up in bed. Every nurse in the exhibition who had had any experience of district work had probably effected many such transformations, but the exhibit demonstrated strikingly to the public the character and value of the work of district nurses.

THE POPULAR LECTURER'S OUTFIT, as used by N.S.U. lecturers, included useful health posters, tarred brown paper as a substitute for mackintosh, models of different cot expedients, and many other useful exhibits.

THE FIRE-ECONOMISING COOKERY SECTION included a cooking box as used in Germany and Norway. Food brought to the boil is put into this box and cooks in its own heat, retained by the insulating material, economising fuel and retaining all its nourishing qualities. Other cooking boxes and expedients were also shown.

In the COTTAGE SECTION were many clever inventions sent by Miss Platt, a ventilator for a casement window which let in the air while keeping out the draught, an ear trumpet made of brown paper, a child's slate made of layers of brown paper bound with braid, from which, when dirty, the top sheet is cut away. A baby's portable collapsible bath sent by Miss R. B. Fry, for the use of district midwives, was a very ingenious invention. When closed it measures only 12 inches

by 4 inches by 15 inches, and weighs 3½ lbs. It easily supports a weight of 20 lbs. and costs 2s.

Another admirable exhibit was a home-made milk-safe, for use in connection with an ordinary window, made by raising and filling in the sash, outside which the safe is formed of perforated zinc.

PROFESSIONAL MODELS.—The gem of the Exhibition, where so much was admirable, was, in our opinion, the exhibit of "professional models." Beautiful wax models, showing most realistically the rashes of small pox, chicken pox, scarlet fever, &c., so excellent that nurses could scarcely fail to recognise these diseases if they had never seen them, if they were acquainted with these models. Then there was a series, in plasticene, made by Mrs. Bax, who evidently not only knows her anatomy thoroughly, but must be an artist of high merit, and should have a fortune in her finger-tips. The beautiful examples of complicated fracture of the skull, of the base of the skull, of greenstick, comminuted, compound, and impacted fractures of the leg, of dislocations of the shoulder and elbow, and of capillary, venous and arterial hæmorrhage, must be seen to be appreciated. We do not wonder that they are being used by medical men for instructing First Aid Classes. They must convey more knowledge than many lectures.

Another beautiful series in the same room were eleven German models, of faces of sick and sound infants, first prepared by Dr. Roeder, showing the result of breast feeding, artificial feeding, slight intestinal derangements, and serious maladies. They include the stool of a healthy baby, artificially fed, a dyspeptic motion after a dose of calomel, in a child suffering from inflammation, the stool of a child recovering from diarrhoea after a dose of bismuth, a shiny dyspeptic stool, a shiny watery motion showing that the food is indigested, and the baby has some chronic inflammation, the bright yellow well-digested motion of a breast-fed child, a relaxed, shiny, very offensive stool, showing and indicating acute inflammation of the bowels and a number of others. Similar examples should certainly be included in the teaching outfit of every maternity hospital, and every lecturer to medical students.

THE FIRST AID IN PEACE AND WAR EXHIBIT included the model of a village schoolroom arranged as a Red Cross Hospital most ingeniously made by Miss Platt, and "The Bedford Haversack" for a Voluntary Aid Detachment invented by Mrs. Alfred Paine of Bedford.

#### PRIVATE EXHIBITS.

The Cheltenham Voluntary Health Society sent an admirable and ingenious exhibit, including an improved pneumonia jacket made of brown paper and cotton wool, a model of an apparatus for raising a Chronic Patient in bed, and the Women's Co-operative Guild of Bristol had a specially useful exhibit of sick room appliances available for members.

Hospitals and other Associations also sent exhibits too numerous to describe in detail, but of much interest and value.



## TRADE EXHIBITS.

Amongst specially noticeable trade exhibits were those of:—

**HORLICK'S MALTED MILK Co.**, Slough, who were showing a graduated glass in which to mix their excellent preparation, so that the exact amount taken can be easily estimated, and their well designed Infant's Feeder, costing only 1s. 2d.

**LEMCO AND OXO**, of Thames House, Queen Street Place, London, showed their scientifically prepared concentrated preparations, now so well known and deservedly popular.

**QUIBELL BROS., LTD.**, Newark-on-Trent, were well to the fore with "Kerol," their non-toxic and most useful germicide in its various forms.

**MME. ROBSART & Co.**, 30, Ferham Road, West Kensington—a company of trained nurses—showed that they had used their professional knowledge to good purpose in the attractive uniforms which they were exhibiting. Dresses made in "Duro," a most excellent material, to a purchaser's own pattern, cost from 13s. 9d. to 18s. 6d.; princess robe petticoats, with bodice and petticoat in one, trimmed with lace, 6s. 6d. to 8s; cloaks £1 1s. to £2 10s.; dainty bonnets trimmed with ribbon velvet at 8s. 6d., or piece velvet 7s. 6d.; handkerchiefs, stockings, belts and caps, very well made and moderate in price, are also obtainable from this firm.

One of the most famous firms in Bristol with a celebrity extending to Royal Palaces in this country and to several of the Courts of Europe, is that of **MESSRS. J. S. FRY, LTD.**, whose Concentrated Cocoa, Breakfast Cocoa, and Milk Chocolate are household words. One of the more recent additions to the preparations of this excellent firm is their "Pure Malted Cocoa," which promises to attain a wide popularity.

**MESSRS. EGERTON BURNETT, LTD.**, of Wellington, Somerset, are contractors to Queen Victoria's Jubilee Institute, and certainly the specimens of their goods at this Exhibition showed that they had well earned that distinction. Their cloaks in Royal Serge are admirable in material and design, as well as calculated to stand the hard wear which the work of a district nurse necessarily entails.

## LITERATURE.

**THE BRITISH JOURNAL OF NURSING**, with illustrations of Bristol hospitals, was on sale in the Exhibition, and amongst many interesting books and pamphlets on view, including the useful publications of the Nurses Social Union, was a new text-book of nursing by Mr. E. W. Hey Groves, M.S., F.R.C.S., and Dr. W. Fortescue Brickdale, admirably produced and profusely illustrated in colour, published by the Oxford University Press.

Another book which requires no introduction to nurses is "The Science and Art of Nursing," published by Messrs. Cassell, La Belle Sauvage, E.C., the four handsome volumes of which in their red and gold binding were conspicuously in evidence.

E. G. F.

## OUTSIDE THE GATES.

## WOMEN.

The King has been pleased to approve the appointment of the Viscount Haldane of Cloan to be Lord High Chancellor. All good Suffragists will offer congratulations.

On Monday night the Home Secretary made the welcome announcement in the House of Commons that he had advised the transfer of Mrs. Pankhurst and Mr. and Mrs. Pethick-Lawrence to be first-class misdemeanants. The removal of these political prisoners from criminal associates in the second-class is better late than never. The excessive sentences and general treatment of suffragist prisoners is arousing a very deep and bitter sense of injury in women. Many valuable workers are preparing to emigrate. We constantly hear the opinion expressed: "I'm off—this old country no good any more for women with brains and consciences."

Those of our readers who helped us to obtain the release from prison of Nurse Pitfield will learn with relief that her sufferings, which have been agonising (as they were during her most wicked detention in gaol), may cease in a little while. What humane heart could desire them prolonged?—not those of us who realise her condition. Yet, although death approaches, the wonderful spirit which in life has suffered such martyrdom is unquenched. This wonderful woman has expressed a wish that even when dead her body may be used for one last demonstration for the cause of woman's freedom. She wishes for a public funeral, that her coffin may be draped with the colours of the Women's Social and Political Union which she loves, that no dirge, but that the inspiring music of the "Women's March" may be played, that for the last time before she sinks into the grave her dead body may take part with the living in the demand for the Vote. This desire is not morbid or prompted by vanity, but is the last cry of a great soul before it passes into silence—if, indeed, the vital voice of conscience is ever silent.

The White Slave Traffic Bill passed its second reading in the House of Commons on Monday evening without a division. It has taken five years' agitation to get a second reading for this Bill, and the fact that it has been brought forward for second reading over a hundred times and blocked is one of the strongest arguments for Women's Suffrage which can be brought forward. The chief object of the Bill is to give facilities to the police for arresting men suspected of being engaged in this infamous traffic without having first to get a summons out. It makes the offence a felonious one instead of merely a misdemeanour. Our contribution to the agitation was the story of "Little Cuckoo Flower," which has been widely read and most sympathetically commended.

## BOOK OF THE WEEK.

## "THE ADVENTURES OF MISS GREGORY."

It is certain that no person can be the worse for reading this book, and perhaps it is only the unimprovable that will not in a measure be improved by it.

For Miss Gregory is a type, and one rarely met with. Yet she is something more than an ideal, she is a possibility. "A creature not too bright and good for human nature's daily food." She was a born traveller and a maker of books. To quote—

"She was one of those disconcerting people who combine a mannish charm with an entirely feminine strength of personality. She was short and strongly made; her handsome grey hair was drawn away from a keen enterprising face; and below her smooth brows her eyes were humorous and assured. She carried with her to the ends of the earth a certain manner of authority—just the least touch of the arrogance of high-caste; it was not the least potent of her weapons."

The volume consists of her experiences, each chapter complete in itself and introducing Miss Gregory as though we had not met her before. Each of these is worth reading, though there are one or two that carry the palm *par excellence*. These, in our opinion, are "A Season of Miracles," "The Slave Dealer," and "Hamid."

The first tells of a funeral on the shores of the Zambesi, where Doña Fortuna was buried late in the afternoon "while the sun still quelled the streets of Tete and held them silent. Her half-caste women sobbed and whined at the last significant parting, but restrainedly; the presence of the tall priest and the cool, calm English woman who had gone down the stream to bring him subdued them. It was in a hush as of reverence that the priest, shaking with ague, raised his voice in that final office; the forgotten city was voiceless behind his shoulder; the palms overhead drooped motionless in the heat."

The conversation between the priest's boy, Timotheo, and Doña Fortuna's woman describing the events which led up to this conclusion is a literary gem. Anna tells him—

"It was in the grey of the morning that their voices woke me. When you have served a lady like Doña Fortuna you gain the habit of rousing at a whisper to save yourself being beaten with a stick."

"This languor that is upon me," Doña Fortuna was saying, "it tells me more than you can know. It has dried up all my desires like dew in the morning—all save one."

Mees Gregory was leaning on the edge of the bed with her broad back to me.

"Yes," she said, "what is it?"

Doña Fortuna opened her great, dark eyes. "To see him," she said. "To speak to him if

only to confess." . . . Mees Gregory moved the fan above her, and set the sheet straight.

"He is near here?" she asked.

"Twelve hours away," answered Doña Fortuna and a priest. "Is not that far enough? . . . You would send for him? she asked. But he would not come."

"We shall see," said the other in her short way.

"And now you will try to sleep again."

Timotheo takes up the tale of how Mees Gregory arrives at the Padre's dwelling.

"She was as you have said—a man in a *guardape* (petticoat), the strangest thing I ever saw; but I did not laugh."

"Timotheo," bade the Padre, "set a chair and get out."

"That was of no consequence, for the rooms in the old Mission have no doors; one hears quite as well outside as in."

So Mees Gregory takes the "priest who had been a man," with the ague upon him, back to the dying woman who had broken his heart long before. And Timotheo's account of their journey through the infested bush with night coming on holds one's attention, with its human touch, its tragedy and its humour.

Timotheo would have kneeled to him to be left behind, "but he had a certain tone in his voice which told me I should be kicked if I did. Yes, he can kick this saint."

A book full of delight.

H. H.

## COMING EVENTS

June 19th.—Meetings to consider the religious aspect of the Women's Movement, Queen's Hall, W. 3.30 p.m., and 7.30 p.m.

June 20th.—Central Midwives Board. Meeting. Caxton House, S.W.

June 21st.—Meeting at 46, Cadogan Square, S.W., by invitation of Lady Helen Munro Ferguson to discuss State Registration of Nurses.

June 24th to 27th.—The Biennial Health Conference and Exhibition 1912, Royal Horticultural Hall, Westminster, and L.C.C. Technical Institute. Opened at 12 o'clock noon by the Mayor of the City of Westminster.

June 27th.—Irish Nurses' Association, Howth (Lawlor's Cottage, Bailey). Cyclists' meet:—The Crescent, Clontarf, 4 p.m.

June 29th.—League of St. Bartholomew's Hospital Nurses. General Meeting and Social Gathering. St. Bartholomew's Hospital, E.C.

## WORD FOR THE WEEK.

Genius has all manner of dead dreams and sorrowful lost loves for its scallop-shells, and the palm that it carries is the bundle of rods wherewith fools have beaten it for calling them blind.

\* By Percival Gibbon. J. M. Dent, London.

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not IN ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

## WHERE ARE THEY?

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Where are all the good nurses, for year by year numbers are being trained in well-managed hospitals? They do not come my way. I should be grateful for the experience of those of my colleagues who are trying to have patients in Isolation Hospitals properly nursed. It really is heart-breaking sometimes. Few women who apply have finished their three years' course, and only yesterday in interviewing a nurse for a vacant post here, in reply to my question of why she had no general training, she replied "It is not worth my while—I get all the private work I want"! This nurse, who has only had short term experience in Isolation Hospitals, has been earning £3 3s. a week. I belonged to a London Co-op. in the past, and though I have a three years' certificate from a good hospital, could only command £2 2s. for my services to the public. But where are all the good nurses? Surely they do not evaporate into thin air as soon as they are certificated?

Yours truly,

MATRON, ISOLATION HOSPITAL.

## THE INTERNATIONAL BADGE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—Shall I be eligible to wear the badge at Cologne? We have no Nurses' League at this hospital, and I hope to attend the Nursing Congress.

Yours sincerely,

A SISTER.

[There will be several emblems to be worn at Cologne. The official delegates (four from each country affiliated to the International Council) and the foundation members will have a distinctive Badge. All members of societies which form National Councils or Associations will have a ribbon with the name of the country represented. Only nurses can wear these, as they alone are members. There is also to be a Congress rosette provided of the German colours, which everyone who takes a ticket for the Congress will have supplied. No matron or nurse in this country need be excluded from membership of our National Council, and therefore of the International Council, as she can become a member of the Matrons' Council of Great Britain and Ireland, of the Society for the State Registration of Nurses, and the Irish Nurses' Association, all of which help to form the National Council, even if there is no

League attached to her hospital. *Co-operation* is the keynote of the Council, and unless societies join the centre and help to support it financially and socially they lack appreciation of the fundamental basis of self-help upon which it is founded.—ED.]

## "NEARER, MY GOD, TO THEE."

To the Editor of THE BRITISH JOURNAL OF NURSING.

DEAR MADAM,—In the letter column of the BRITISH JOURNAL OF NURSING of May 4th, I read a letter from a correspondent saying that the author of "Nearer My God to Thee," Mrs. Sarah Flower Adams, was the wife of a Unitarian minister and an American. I have since read in *The Dawn of Day*, which I send to you, by C. J. Hamilton, an article on Sarah Flower Adams, in which he or she says she was born on February 22nd, 1805, at the village of Harlow in Essex, and that she was married at the Parish Church of Hackney on September 24th, 1834, to Mr. William Brydges Adams, who was distinguished as an engineer and also as an inventor.

She is stated to have written fourteen hymns, including "Nearer My God to Thee," and which were published in 1841, forming part of a collection of "Hymns and Anthems" made by Mr. W. J. Fox. She died of consumption on August 14th, 1848, and was laid to rest at Harlow.

Your correspondent may be perfectly right. I am only quoting from the article I have just read.

I am, yours truly,

A READER OF THE B.J.N.

## REPLIES TO CORRESPONDENTS.

We regret that we cannot find space this week for the correspondence between Dr. Robertson, the Hon. Sec. of the Scottish Nurses' Association, and the Scottish Insurance Commissioners. We shall insert it in full in our next issue.

*Probationer T.*—We cannot advise on the point you write. It is your duty to consult the matron.

*C.D.M., District Nurse.*—Silecroft, a few miles north of Millom on the Cumberland coast, is just the quiet and beautiful place you require. Inland there are plenty of hills and crags to climb. Write to the postmaster enclosing a stamp for reply about lodgings.

*Miss C. T., Liverpool.*—Only nurses from a few London hospitals are taken at the Ramsgate Home. The Home of Rest for Nurses formerly at 12, Sussex Square, Brighton, is now closed.

## OUR PRIZE COMPETITIONS FOR JUNE

*June 22nd.*—What symptoms would lead you to suspect puerperal thrombosis of the lower extremities?

*June 29th.*—Describe the methods of applying (a) dry cupping, (b) wet cupping.



# The Midwife.

## INFANT LIFE PROTECTION VISITING.\*

By Miss M. EWENS,  
*Superintendent, Kingston Nursing Association.*

I want to set before you as briefly and as clearly as I can the need for, and the duties and opportunities of, a nurse as an Infant Life Protection Inspector.

By the measure passed in 1897, power was given to local authorities to provide for the registration and inspection of children placed out to nurse in cases where more than one infant was taken, under the age of five years, for a longer period than 48 hours.

This left the homes where only one nurse child was taken quite free from inspection. An enquiry was then made by the N.S.P.C.C. which lasted over a period of seven years, and the area covered by the investigation was England, Ireland, and Wales. As a result of this, the necessity for a change in the law became evident, the ultimate result being the amendment of the law on Infant Life Protection as secured in Part I. of the Children's Act of 1908, which provides that "Any person taking for reward the nursing and maintenance of one or more infants under the age of seven years, apart from their parents or having no parents, he shall within forty-eight hours from the reception of any such infant give notice in writing thereof to the local authority."

This being done, the local authorities send the woman a form, which she fills in, giving the name, age, date and place of birth of the child, together with the name and address of the person from whom she received the child. This form she returns to the authorities and it is copied into a register; it is then sent on to the Inspector, and he or she enters it also and takes over the inspection of that home, woman and child.

The children that come under the care of the Infant Life Protection Inspectors are for the most part illegitimate children, and very many of them children of servants. It is therefore essential to the mother of the child that the secrecy already maintained through the long weary months in order that she might retain her place must still be continued through the years to come, and she therefore must find someone who will take the child, and the

risks of it falling into the hands of undesirable persons are far greater than its chances of good fortunes.

The more this subject is considered the more it becomes evident that money is the great and important factor in these transactions. Evidence has been obtained from all sources showing that people will lay themselves out to obtain children with many promises of care and attention, when in reality their one object is to make out of them as much as possible; throughout the whole of the wretched business the child being the *last* to be considered, born under a cloud, nursed without affection, a stranger to that mother's love we all have known and prized, unwelcome, unloved; a burden to be got rid of, on the one part, and a means of making money on the other.

In reading the newspapers, one often sees cases of horror, cruelty, and neglect practised on these poor unfortunate children. A woman appeared some time ago at Tottenham for an offence under the Cremation Act. She had been in the habit of receiving children for adoption, with varying sums of money, from £15 downwards. A number of infants had been traced to her, and it was certain that six had died in one year; their reception had not been notified, and their deaths had not been registered, and they had not been buried. *Their bodies, it was proved, had been burned in the kitchen stove.*

In another case a woman was charged with having abandoned three infants. It was proved that she took them with premiums varying from £15 to £20; one infant about twelve hours old was left on a seat in a London railway station, the other two were left in carriages on the same line. Many similar cases may be read in our newspapers time after time, and there have been, no doubt, and are still, many deeds of cruelty and neglect practised on these defenceless little ones, in spite of all precautions.

I do not wish to suggest for one moment that all the women who take these nurse children are like this; they are not. There are many who have come under my notice who do their duty to the children honestly and to the best of their means and knowledge, and I have known many who have kept these children as their own because they have grown to love them, rather than send them away

\* Read at the Nursing and Midwifery Conference, London, 1912.

when the child's own mother has quietly gone away leaving no address.

In many parts the work of Infant Life Protection Inspector is undertaken by the Relieving Officer; but the Kingston Union is divided into 14 districts for this work, and in each district the inspection is done by a trained nurse—generally speaking, it is the district nurse. The duties of the Inspector are, first and foremost, to see that nothing suspicious or in any way in the nature of baby farming is carried on, and to make it impossible for the little unwanted one to be wrongly fed or not fed, or neglected in any way which might cause death or injury.

In the case of a new foster-mother taking a child, that is, a woman who has not been on the register before, the house must be inspected to see if clean, number of rooms noted, and number of people occupying the house, to ensure no overcrowding; to see that the child has fresh air, and that its bed and bedding and clothing and person are kept clean; to ensure it being properly fed, and, if a baby, its bottles clean, and that no ill-treatment of any kind is practised.

It is the duty of the Inspector to visit these children once a month and to keep a record of each one.

Each woman is given a card with the rules and penalties on it; there are also certain forms which she must fill in, the one on receiving a child, which has already been mentioned, others in the event of her removing, leaving the town, death of the child, or the child being removed from her care. If a woman has been reported as unfit, for any reason, to have the care of a child, it is removed from her and she is never allowed to take another. The penalty for disobeying any of these rules is six months' imprisonment or the payment of a fine of £25.

There are, without a doubt, very many persons who still receive nurse children and do not register them, some from ignorance of this Act and others wilfully; and it is these last, more especially, that are the danger to the children, and whom we want to find.

There can be no doubt that the knowledge that an Inspector will call once a month to see the children and inspect the premises is a great protection, and it will be easily recognised that the work can be far more effectually carried out by a nurse than by a lay person.

Not only can the Nurse Inspector see that nothing illegal is practised, but she can teach the woman how to feed the children in the proper way and give advice in both cases of

sickness and insanitation, not only concerning the foster-children, but other inmates of the house, and so may she help to bring sunshine and health to the little ones to whom too often the Kingdom of Happy Childhood is closed, and the entrance to the Kingdom of Pain, Wretchedness and Misery too often found.

### "IN SO MUCH."

Some years ago I was engaged as Nurse-Midwife for the Lock Hospital, at Aldershot. On my arrival, the Matron brought into my room a clothes basket, containing a tiny, premature baby, about 2½ lb. in weight; and whose height would be about 16 in.—she was a week old, and the mother had died the day after she was born. The Matron informed me that the Doctor had said that it was not likely that the child would live, so that all I had to do was to keep her clean and warm, and feed her on peptonized milk and water every three hours. Like many other women, I dearly loved babies, and the thought of having this little one all to myself filled me with delight, and I forgot the dread I had had about coming to this lonely place, and the uncongenial work I was taking up. This tiny speck of humanity was too small for clothes, so I wrapped her in cotton wool, and tied her up in a little flannel bag. In the daytime she was placed near the fire, and at night I put this small bundle across my chest, where I knew she would be warm and safe. We soon found that the peptonized milk did not agree with her, so humanised milk was resorted to, but with no better result. Then, we tried Allenbury's Food, No. 1, which proved excellent, the result being that in seven months she gained seven pounds; this may not seem much, but, taking into consideration the frail, delicate, little body we had to deal with, the result was considered most satisfactory. She had a hot bath twice every day. I had a deal of trouble to train her in good habits—for the first two or three months, she used to wake up about 11 p.m., and cry and moan incessantly for two or three hours; after this, she got used to being put to bed *awake*, about 7 p.m., and would usually sleep on till about 4 or 5 a.m. I used to take her out in the sunshine, as much as possible. When she grew too big for her little flannel bag, a bundle of clothes was sent down from the workhouse, but she was absolutely lost in them, so I made a set suitable for her small person, and I tried also to make her look as dainty and pretty as I could, hoping, thereby, to find her a mother, but all my efforts failed in this direction; no one cared to adopt her, because she was a prostitute's child. When she was seven months old, another case came into hospital, which needed all my care, so little Catherine Draper had to be sent to the workhouse. It was a bit of a wrench to part with her, but the Doctor's order had to be obeyed.

E. BEAVIS.

# THE BRITISH JOURNAL OF NURSING

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## EDITORIAL.

### SOLDIERS OF EMPIRE.

No class of those who serve their country appeal more strongly to public sentiment than the soldiers of His Majesty's Army, for the public is always ready to appreciate and applaud courage, and recognises that beyond those who have earned the Victoria Cross "for valour," there is many a man ready to exhibit similar bravery if the occasion offers and demands it.

There is another class capable of courage and heroism as great as that of the soldier who marches to battle to the strains of martial music, with colours flying, and the support derived from comradeship. The trained nurses of the Empire risk their lives just as freely as those who serve their country on the battlefield, intent on the destruction of its foes. They expose themselves fearlessly to the infection of such diseases as smallpox, dysentery, plague, diphtheria, scarlet fever, leprosy, and cholera, isolating themselves if necessary with patients suffering from these diseases; they mount guard single-handed in the lonely night watches in wards of suicidal or homicidal patients, they adventure into tropical regions infested by the malarial mosquito and the tsetse fly, where men die painful and lingering deaths; they brave the rigours of the Polar regions, and they penetrate to the loneliest outposts of Empire, well knowing that they carry their lives in their hands, and that at any time they may succumb to death in one of its most terrible forms, in order that they may save human life instead of destroying it. And this they do so cheerfully, so much as a matter of course, that the nation is apt to minimize the risks they take, and certainly places a very modest monetary value on their services.

Yet the war they wage is just as real as that of the battlefield, and just as vital to

the national welfare. In the course of a campaign, for the thousands killed by the enemy, tens of thousands have been killed by disease, though the splendid record of Japan in the war with China is an indication that another era is dawning. The soldier meets his enemy face to face, the doctor and the nurse grapple with an unseen but deadly foe, the germ life, which if it gains an entrance to a congenial habitat, smites its victim with a force as deadly as the agents of war.

Just because the enemy is invisible, because small lapses from duty are easily undetected, are doctors and patients dependent upon the honour, the intelligence and the devotion of the trained nurse.

How nobly nurses have responded to the demand made upon them is to be found in the mortality statistics at home and abroad, which invariably decline when they are introduced.

The Secretary of State for the Colonies speaking at the meeting of the Colonial Nursing Association last week, with an intimate knowledge of the work done in Crown Colonies, attributed the reduction of mortality and disease in West Africa in part to the work of trained nurses, and referred to their presence in lonely outposts as the daylight of humanity, and to their voices as the music of the world.

Surely trained nurses who form a disciplined army obeying orders with military precision, perform their duties with military promptness, and fight national foes with military directness, may be regarded as "Soldiers of Empire" just as much as those combatants in the field whom we delight to honour. Surely also a Government which utilizes their services—and there is scarcely a Government office which does not—should be jealous of their honour and protect it (as it does that of the Army) by granting them legal status, and an assured position in the body politic.



## MEDICAL MATTERS.

### THE CAUSES OF DISEASE.

The President of the Local Government Board has authorized the following special researches to be paid for out of the annual grant voted by Parliament in aid of scientific investigations concerning the causes and processes of disease:—

1. Further investigations (a) as to the distribution of tubercle bacilli in children having died between the ages of two and ten years, and the special characteristics of such bacilli; and (b) in collaboration with the General Register Office, on the incidence of different forms of tuberculosis in different parts of the country, according to age, sex, occupation, and other conditions.

2. A continuation of a research into the causes of premature arterial degeneration in man.

3. A joint investigation into the virus of Poliomyelitis.

4. A continuation of an investigation into the micro-organisms known as non-lactose fermenters occurring in the alimentary canal of infants.

5. A continuation of the investigation by Professor Nuttall, of Cambridge University, on fleas and on the range of flight of the domestic and allied flies.

### SLEEPING SICKNESS RESEARCH.

According to reports received from the Commission on Sleeping Sickness working in Rhodesia it has now been proved beyond doubt that the tsetse fly known as *glossina morsitans* is a carrier of the disease.

The special significance of the proof that *glossina morsitans* as well as *glossina palpalis* is a carrier of the disease lies in the fact that, while the latter is to be found only in clearly defined and generally narrow limits in the region of water in certain parts of Africa, the former is met with throughout the continent in wide and not so well defined areas, and is, therefore, much more difficult to deal with.

### A NEW LOCAL ANÆSTHETIC.

Dr. F. W. Forbes Ross describes in last week's *Lancet* a new local anæsthetic which, if injected into the part to be operated on, removes all sensation of pain for 14 days after the injection. Far from having any bad effect on the heart or other organs of the body, it is actually a tonic, and counteracts the effects of shock.

The preparation consists of a solution of quinine and urea hydrochloride, which can be easily obtained, and the effect lasts long enough

in most cases for all painful results of an operation to wear off. The action of cocaine and stovaine is fleeting.

## THE DELETERIOUS EFFECTS OF CHRONIC CONSTIPATION.\*

By W. ARBUTHNOT LANE, F.R.C.S. Eng.

(Concluded from page 467.)

The muscles become soft and degenerated, and the person is unable to perform any exertion without becoming quickly exhausted.

The heart muscle is influenced in the same way, the circulation becoming feeble and the extremities cold, blue, and ill-nourished. The patients feel the cold very much and in some cases they complain that they lose feeling in their legs. Their ears are also reddish blue in colour, like liver in advanced cases. This is exaggerated by a very defective respiratory capacity. These poisons seem to exert a special deleterious influence on the respiratory centre, damping down the breathing capacity of the patient, obviating thoracic respiration as much as possible and confining it to the abdominal type.

In consequence of the deficient thoracic respiration and the muscular debility, these children become round shouldered and develop lateral curves.

The patients lose fat at first slowly, but after a time very quickly. This is a most serious result. It makes the sufferers look prematurely wrinkled and aged.

It also deprives them of a padding or support which is of vital importance to them, and especially to the woman, who is at a serious mechanical disadvantage as compared to man, in that she has a relatively much longer abdomen and a much more capacious pelvis.

The removal of fat associated with the degenerative change in the muscles of the abdominal wall brings about a dropping of all the organs.

The kidneys become movable and the blood contained in their vessels is blocked by the consequent interference with its back-flow into the large vein of the abdomen. This produces much pain in the back and tenderness of the organ overgorged with blood. The dropping may produce a kink of the ureter so that urine is dammed back in the pelvis of the kidney, interfering with its function and producing pain and disease in this organ.

\* Read before The Nurses' Social Union Health Conference, Bristol, 8th June, 1912.

The uterus, being insufficiently supported by fat and having its muscular texture rendered rotten by toxins, flops into different positions. It may bend sharply forwards if the patient stands much, or it may drop directly back and rest on the termination of the large bowel, where it interferes enormously with the evacuation of the contents of that tube. In either case, especially in the latter, the back-flow of blood from the uterus is impaired, and it becomes gorged with blood and large and swollen, and its lining membrane hypertrophies. This produces endless distress, only temporarily if at all alleviated by operative measures.

It also annoys the bladder and produces much discomfort in consequence. The ovaries also suffer very much from the engorgement and from the displacement which they experience from the changed position of the uterus. When irritated and annoyed for a long time they tend to undergo degenerative changes of an inflammatory, cystic or of a cancerous nature. The uterus degenerates in the same manner.

The skin undergoes changes which are very characteristic. It loses its firmness and elasticity and appears thin, flaccid and plastic. It becomes stained, especially where it is exposed to any frictional changes, as about the neck, the axilla, the abdomen, and groins. The staining becomes apparent in the first instance about the eyelids, from which it is most difficult to dislodge it.

The conjunctiva becomes gorged and thick and gives the eye a very dull look. The cornea may also degenerate at its margin. The skin over the back of the upper arm becomes swollen and gelatinous, often bluish, and covered with papules or pimples. This may be so marked as to prevent the use of short sleeves.

A thin down of hair extends over the cheeks and forearms.

All these symptoms vary enormously with the colour of the hair of the sufferer and the extent of its distribution.

Red-haired people have a resisting power to this form of poisoning that is extraordinary, while the darker the hair the more readily do these degenerative symptoms manifest themselves.

These poisons have a marked influence on the breasts. They produce changes in them in proportion to the degree of poisoning. In the first instance the upper and outer zone of the left breast feels harder than normal, and later

distinctly nobbly. This process extends to the upper and outer zone of the right breast and after a time to the entire breast. Cystic and later cancerous changes may develop in these damaged breasts.

The condition of the breast is of great importance, since it serves as an indication or barometer of the degree of toxicity of the sufferer.

The influence exerted by the toxins on the brain is most distressing in its results. They damp down the intellectual and motor functions of this organ, making the patient dull, miserable, stupid and unfit to perform any mental or physical work. Headache, neuritis, sleeplessness, disturbed nights, bad temper, want of control of all sorts are all produced by these poisons. These patients are called neurotic or neurasthenic, the effect being, as is usual in medicine, readily accepted as the cause, and ineffectual attempts resembling prison discipline in its severity are employed to treat them. The only benefit these patients receive from the treatment is from the recumbency, and this is due to the fact that a patient who is miserable in the erect posture drains sufficiently well in the horizontal position to make life durable.

The poison in the circulation exerts upon the tissues such a damaging influence that they are no longer able to resist the entry of organisms. For instance, the gums, especially about the lower incisor teeth, become invaded by organisms from food resting in the interval between them and the teeth. They become inflamed in consequence, and this process, extending deeper and deeper along the root of the tooth, results in the tooth being loosened and pushed out. The poisonous products of this suppuration are swallowed and add to the amount of filth in the drainage scheme and to the degree of poisoning of the system.

The skin suffers largely from the depreciation in its vitality, and pustular and other infections readily arise in it.

I can best illustrate the influence of these poisons on the tissues by two specific diseases, namely, tubercle and rheumatic gout. I choose them as the truth of my contention can be demonstrated absolutely by operation. I do not believe it is possible to get either of these diseases unless the patient is suffering from auto-intoxication consequent on defective gastro-intestinal drainage. Hence you see the vital importance of obviating the entry of these and other organisms by careful attention to the drainage scheme and also of eliminating them once they have obtained a foothold.

## OUR PRIZE COMPETITION.

### WHAT SYMPTOMS WOULD LEAD YOU TO SUSPECT PUERPERAL THROMBOSIS OF THE LOWER EXTREMITIES?

We have pleasure in awarding the prize this week to Miss M. Dods, 123, New Bond Street, London, W., for her paper on the above subject.

#### PRIZE PAPER.

The first symptoms leading me to suspect thrombosis of the lower extremities in a puerperal patient may be very slight—perhaps sleeplessness and some rise in temperature. The patient may complain of headache, or just a heaviness. She will probably say that she feels as though she has rheumatism in one or both legs and that they feel a little stiff, numb, or hot. The pulse quickens, and there is constipation. More severe symptoms will ensue, or they may be severe from the beginning.

The fever, which may be from 101 degrees to 105 degrees, may be ushered in with one or more rigors. The patient complains of pain in the groin, or deep in the abdomen low down, gradually increasing till it reaches the calves, or she may have a sudden sharp pain in the calf which spreads up towards the groin; she will be thirsty, with coated tongue, and will probably vomit. Within a few hours the symptoms increase in severity, and swelling begins, generally where the pain was first felt. The buttocks and vulva may be swollen and painful.

One or both legs from groins to toes will be intensely swollen, and may even become double their usual size. The skin feels hot, is white and shiny, looking as though it would burst; but it does not pit on pressure, as in dropsy.

If the patient is a multipara, the nurse will have ascertained beforehand the history of past labours. If the present labour has been very tedious—a forceps case, or one of adherent placenta or severe post-partum hæmorrhage—she will be on the look-out, and suspect at once the slightest complaint of stiffness, numbness, or aching from groin to calf.

Puerperal thrombosis is popularly known as "white leg," an alternative scientific term being "*Phlegmasia Alba Dolens*" (*Phlegmasia*—inflammation, *alba*—white, *dolens*—painful).

#### HONOURABLE MENTION.

Honourable mention is accorded to Miss E. Atkinson, Miss M. Punchard, Miss A. Alsop, Miss J. Dalton, Miss E. Macintosh, and Miss P. O'Brien.

Miss O'Brien draws attention to the well-known fact that the left leg is usually attacked. A theory as to the cause of the disease is that it is of septic origin. The danger of the dislodgment of a thrombus must always be present to the mind of the nurse, and the limb be kept at rest, or embolism may prove fatal.

Miss Punchard writes:—"The vein can be felt under the skin like a cord and can be easily traced. The leg continues to swell, until the skin is tightly stretched, becoming white in colour and shining like marble.

"The temperature still keeps up, being higher in the evening, the patient still complaining of headache, pain increasing in leg, restlessness, and inability to sleep.

"This is most common in the second week after childbirth; it lasts from three to six weeks, the symptoms gradually subsiding under treatment."

Miss J. Dalton points out that puerperal thrombosis is usually of septic origin, although in some cases no sepsis is present, and that it is due to blocking of the veins and lymphatics.

#### QUESTION FOR NEXT WEEK.

Describe the methods of applying (a) dry cupping, (b) wet cupping.

## COLOGNE.

The Incorporated Midwives' Institute has accepted the invitation of the National Council of Nurses to nominate a representative to attend the Cologne Congress. The Scottish Society of Trained Nurses will also be represented. Fraulein Karll writes that she will be delighted to welcome the nominated representatives—as no one can attend the International Council meetings without gathering wonderful inspiration from them, and thus ultimately cementing national nursing organization.

Transport has become so easy that every year more and more foreign nurses visit our country to enquire into nursing matters and see our beautiful hospitals and nursing schools. Just now Miss Maiken Lütken and Miss Anna Hansen, from Copenhagen, are spending a month in London "doing" our hospitals, and learning all they can of our nursing organization, going on later to Cologne.

Sister Lindhagen, of Stockholm, has been appointed on to a committee of research into nursing conditions in Sweden, and will be sent abroad to study foreign conditions. She will be in Berlin at the end of June, and also attends the Congress at Cologne.



## THE COLONIAL NURSING ASSOCIATION.

The Annual Meeting of the Colonial Nursing Association was held on Thursday, June 13th, at Devonshire House, the Rt. Hon. the Lord Amptill, G.C.I.E., President of the Association, was in the Chair, and H.R.H. Princess Henry of Battenberg, Patroness of the Association, was present.

Lord Amptill said that his remarks would be brief, but he would be neglectful if he did not allude to the exceptionally fortunate circumstances under which the friends of the Association were assembled this year. The meeting was honoured by the presence of Princess Henry of Battenberg, and had the immense advantage of assembling in an historic and beautiful house, by the kind permission of the Duke and Duchess of Devonshire, who without question were foremost in assisting every undertaking which had as its object the promotion of unity and good feeling throughout the Empire.

### SPEECH BY THE SECRETARY OF STATE FOR THE COLONIES.

Lord Amptill then called upon the Rt. Hon. Lewis Harcourt, M.P., Secretary of State for the Colonies, to move the adoption of the Annual Report.

The Colonial Secretary said that he regarded it as a pleasure and a privilege to attend the meeting. A Colonial Secretary must have a complete knowledge of the area covered by the work of the nurses of the Association, and its history was one of continual attainment. The subscriptions amounted to between £400 and £500, and an enlargement of the funds was greatly to be desired, but he knew of no organisation which expended its money to greater advantage.

Mr. Harcourt referred to the loss sustained by the Scottish Branch in the resignation of the Presidency by Lady Balfour of Burleigh, in whom they had found a constant fund of industry and kindness upon which to draw, but they were fortunate to find a very capable successor in Lady Dunedin.

There was hardly a red spot in the map in which the nurses of the Association were not working, whether in the rigours of the Falklands, or the tropical regions of Uganda and Central Africa; in the Seychelles (described by Gordon as the Garden of Eden), in Selangor, the Straits Settlements and the Bahamas their services had spread for the succour of mankind.

In Canada, owing to the great development of that Western land, Saskatchewan and the prairies had called in their aid through the mayors of the prairie towns and the Canadian Church Railway Mission, but, as in South Africa, the work of the nurses was unsectarian. Unless one lived with big maps, it was difficult to realise the size of the areas covered by the nurses and the difficulties of dealing with them. The ordinary beat of a nurse in Western Canada was 250 miles.

Western Australia had appealed, not in vain, for the help of the emissaries of the Association,

and Africa—West, East and South—Ceylon, British Guiana and Hong Kong had had occasion to sing their praises.

The Schools of Tropical Medicine had done excellent service in establishing training courses for nurses, through which they could learn something of the exotic diseases with which they would subsequently have to deal. These schools of medical research owed much to his distinguished predecessor at the Colonial Office, Mr. Joseph Chamberlain, and to a distinguished medical man, Sir Patrick Manson. They were invaluable as a training ground for doctors and nurses. The public had little active knowledge of these diseases, which were daily incidents, and provided the night work of the nurses of the Association, amongst which malaria, sleeping sickness, black-water fever and smallpox were some of the most usual.

West Africa, in the minds of the public, was scarcely a health resort, but in the last decade the mortality rate had been enormously reduced, and that of those invalided home from 56 to 25 per cent. That was a splendid result, in which the care exercised by the nurses was a direct factor, in addition to a better mode of life. Who could tell how much a little kindly advice on the part of nurses had contributed to this.

The semi-civilised conditions under which much of the work of the nurses had to be performed added much to the difficulty of keeping up the supply to the standard required, but it was encouraging to note that during the last twelve months only four had come upon the sick fund. It was a hopeful indication, and an encouraging result.

It was a touching tribute to the work of the nurses and to the care exercised in their selection that from the highest to the lowest—from Governors to the humblest clerks—came the same expressions of thanks for their services. In the great solitudes of distant lands, in many a lonely outpost of Empire, the presence of the nurses was the daylight of humanity, and their voices the music of the world.

Mr. Harcourt's speech was at the beginning punctuated by questions from members of the audience as to why the Parliamentary franchise should not be extended to women who had shown themselves capable of such splendid service. We refrain from criticising the methods of those who make these protests for conscience sake. Certainly their logic was irrefutable.

Lord Inverclyde, seconding the adoption of the Report, said that to those in Scotland the work of the Association appealed very strongly, as emigration was so large. Mr. Harcourt had spoken of the extent of the work of the Association. At home we thought in acres, in the Colonies in miles. The Association was worthy of all support.

Sir Walter Egerton, who moved the election of the Council, Executive Committee, and hon. officers, appealed to the relatives of those abroad to realise the importance of the work done by the nurses of the United Kingdom, and to give it

their financial support. He had, he said, served for thirty years in the tropics, and realised how much good nursing was needed. Recently he had served in West Africa, where, very rightly, the Association sent most nurses. He would like to see their pay raised in the Colonies, and something more done for them when they came home. Their health was sorely tried, and they needed a thorough rest before returning to work or taking up fresh work. He would like to see the sick-pay fund much larger than at present. Every year the work in tropical countries was expanding, and it would make the nursing service more popular if the health of the nurses was looked after when it was impaired.

Dr. J. M. Atkinson, Principal Civil Medical Officer in Hong Kong, who proposed a vote of thanks to H.R.H. Princess Henry of Battenberg, said he had had many opportunities during many years' work in Hong Kong of observing the work of the Colonial Nursing Association. It was a blessing to the Colonies, and many a life had been saved by the services of the nurses, who needed special qualifications to adapt themselves to new conditions of work.

Lord Amptill, in seconding the resolution from the Chair, said that for those who wish to assist the work of the Empire there was no better way than by supplying nurses. They might, it was true, be supplied by a registry office, but in that case we should lose the opportunity of showing sympathy with those in our distant colonies. The work of the Association was one of love, not of business, and an advantage was that it kept in touch with the nurses it supplied. Her Royal Highness, who knew how important the work was, had given the Association her continued interest and support, and he moved that a vote of thanks be respectfully tendered to her. This was carried unanimously.

Mr. Frederick Dutton, Treasurer of the Association, in proposing a vote of thanks to the Duke and Duchess of Devonshire, said that if the funds were larger the Association could send out more nurses, and also offer more liberal terms to them. They had almost invariably to carry on their work under trying climatic conditions, and it became increasingly difficult to obtain the services of nurses of the highest training and ability.

M. B.

## A REGISTRATION "AT HOME."

Lady Helen Munro Ferguson, who is At Home at 46, Cadogan Square on Friday, June 21st, to consider Nurses' Registration, has invited the following ladies to speak: Miss Cox-Davies, Miss H. L. Pearse, Miss Sidney Browne, Miss Musson, Miss Mollett, and Miss B. Kent. Mrs. Bedford Fenwick will reply to questions on the various speeches.

## NURSES AND THE INSURANCE ACT.

### WHERE TO INSURE.

Arrangements have been made whereby Irish and Scottish nurses can form their own Approved Societies in peace—not so in England. We are never permitted to manage our own financial and professional affairs without a fight. A plain statement concerning our position would therefore appear advisable. As soon as the Insurance Bill was introduced into Parliament the Managers of the Nurses' Pension Fund took very active steps to have it amended so that they could start a Nurses' Insurance Society and thus assume the control of the personal and State contributions of nurses. Men were to be admitted to its benefits and all other hospital and institution employees.

Upon studying the Bill, a strong committee of matrons, interested by Mrs. Fenwick and Miss Mollett, formed themselves into a Provisional Committee, and were at once alive to the unfairness of women joining men's societies—unless they were of the artisan class who married men who are compulsorily insured, and who would enjoy the maternity benefit—the reason being that the maternity benefit will be one of the greatest drains on the funds.

We argued that trained nurses would seldom marry into the insured classes, that is persons with an income of less than £160 a year—that their work and needs were special, and that they therefore required an Approved Society specially organized to meet those needs.

Although the Pension Fund Managers professed to think otherwise, they quickly adopted our policy and dropped the male contributor and advertised their society as for women only. We still insisted that the best Approved Society for nurses should be for trained professional women only, and in the prospectus of the Pension Fund Scheme, by which the hospital world is at present flooded, the distinct statement is made that the Society "*is open to all Women Nurses—and Women Nurses only.*"

Now this statement is not accurate. The Pension Fund Scheme is prepared to insure all "engaged in attending the sick and suffering," in whom are included:—

Trained Nurses and Probationers,  
Village Nurses,  
Cottage Nurses,  
Sick Attendants (usually untrained), and  
Midwives.

Thus it will be seen that the scheme includes partially trained and untrained nurses, and midwives who are not "women nurses" any more than they are women doctors, but who as a "certified" class should have their title included in the name of the Society with that of nurses. The important principle here involved is that village and cottage nurses and the majority of sick helps are recruited from the artisan class—who marry into their own class of compulsorily insured men.



Professional nurses would through the Pension Fund Scheme be compelled to help to provide the Maternity Benefit if required for the unprofessional members of its society.

#### THE TRAINED WOMEN NURSES' FRIENDLY SOCIETY.

Those trained and in training hospital and infirmary nurses, therefore, who wish to join a society of Professional Nurses, can do so by becoming members of the Trained Women Nurses' Friendly Society, which is being well supported, and which has now applied to the Commissioners to become an Approved Society. At a meeting, to be held on Thursday, 20th inst., it is hoped that the nomination of officials and other business will be agreed upon.

The following is the Provisional Committee: Mrs. Bedford Fenwick (Chairman), Miss Cox-Davies, Miss Finch, Miss B. Cutler, Miss Mollett (Hon. Organising Secretary), Miss M. Breay (Hon. Recording Secretary and Treasurer), Miss E. B. Kingsford, Miss M. S. Riddell, and Miss Macintyre (General Hospital Nurses), Miss Barton, Miss Elma Smith and Miss A. Smith (Poor Law Nurses), Miss Amy Hughes, Miss Böge and Miss Marsters (District Nurses), Miss L. A. Morgan (Fever Nurses), Miss S. Cartwright, Miss E. M. Waind, Miss Fowler and Miss B. Kent (Private Nurses), Miss H. L. Pearce (School Nurses), Miss E. L. C. Eden (Nurses' Social Union), Miss I. C. Keogh (Past President, Irish Nurses' Association), and the Lady Hermione Blackwood (President, Ulster Branch, Irish Nurses' Association).

At a meeting of the Metropolitan Asylums Board last Saturday, it was decided to apply to the National Health Insurance Commissioners for a certificate exempting from the provisions of the Act those of the managers and permanent employees who are subject to the provisions either of the Asylums Officers' Superannuation Act or of the Poor Law Officers' Superannuation Act.

#### THE IRISH NURSES' ASSOCIATION.

The Executive Committee of the Irish Nurses' Association, having been appointed to act as an Advisory Committee to the Provisional Committee of the Irish Nurses' Insurance Society, at the request of the Hon. Sec. and the Committee of the latter, a special meeting of the Executive Committee was held on Saturday, June 15th. There was a large attendance and much interest shown. The Hon. Sec. of the Insurance Committee gave information as to the progress made in the formation of the Society.

There have been applications for membership, and requests for information from all parts of the country, and it is hoped that a very successful Society will be established. The following office-bearers—President, Vice-President, three Trustees,

a Treasurer, and a Secretary—were elected provisionally until July 15th, or until the formation of the Society is concluded. A vote of thanks was passed to the President of the Irish Nurses' Association by the Sub-Committee, for the kind help and advice she had given them. The President complimented the Hon. Sec. and the Sub-Committee on the large amount of useful work they had already accomplished in the comparatively short time which had elapsed since the Provisional Insurance Committee was formed.

#### NURSES' MISSIONARY LEAGUE "CAMP."

The eighth "Camp" for Nurses, arranged by the Nurses' Missionary League, is now being held at Mundesley-on-Sea. Nurses, a few missionaries, and officers of the League, are staying, not under canvas indeed, but in a modern house on the cliffs, from which a fine view of the open sea is attainable. Within four minutes' walk is the tent, from which two members have already braved the cold and had enjoyable bathes. Less venturesome "campers" can walk along the shore or the top of the cliffs, or can spend their time sitting in some of the many nooks and crannies which overlook the sea. One out-door picnic has already been held, providing scope for much skill in the lighting of a fire and the boiling of a kettle; and ending—tell it not in Gath!—in sports, including a "hobble-skirt race," "thread-the-needle race," and similar amusements. Drives, too, form part of the programme; and the "Camp" has already been twice invited out to tea by kind friends in the neighbourhood. Lest all this should sound too strenuous, let us hasten to add that breakfast in bed is encouraged, and all other forms of "lazing," so that, altogether, the "Camp" is providing a most delightful and refreshing holiday.

And what of the meetings? For the first part of the morning, the members of the "Camp" gather together for Bible Readings or for Bible Circles (the latter sometimes held in some secluded nook by the shore); while, in the evening, talks are given on some missionary topic, or on some aspect of Christian life. Medical missions are represented by one nurse from India, and a doctor from China; while others present have also visited these lands; and the hostess is Mrs. Hoare (widow of the late Bishop of Ningpo). The needs of the homeland are also well to the fore; and the "Camp" is looking forward to an address on "Our Social Responsibility," from Mrs. Willey, M.D., who is coming down for a few days.

All the "Campers" at Mundesley would most heartily recommend all nurses to look out next year for notices of the next "Camp," that they too may have such a delightful time of rest and refreshment—physical, mental and spiritual—as is now being enjoyed by all members of "Mundesley, 1912."



## LEICESTER INFIRMARY NURSES' LEAGUE.

The Ninth Annual Meeting of the League was held in the Recreation Hall of the Nurses' Home on Thursday, June 13th, and was the largest gathering on record, over 80 members being present, and many coming long distances, some from the South coast, and others from Yorkshire. Several letters and telegrams were received from members, expressing their regret at not being able to be present.

The meeting was one of great importance and interest this year, as Miss Gertrude A. Rogers, President and Founder of the League, was present for the last time in her official capacity as Lady Superintendent of the Infirmary, and therefore the members had joined together to give her some token of their great love and regard for her. There was also important business relating to the office of President of the League to be discussed.

The Business Meeting was held at 3.15, when the chair was taken by Miss G. A. Rogers. The following members were elected to serve on the Council: Non-Resident, Miss E. Waldron; Resident, Miss J. Trotter and Miss Watmore. Miss J. W. Davies was appointed delegate for the League at the Cologne Congress. During the discussion relating to the Presidentship, Miss Rogers vacated the Chair, Miss Pell Smith taking her place. Before retiring, Miss Rogers made a short speech, in which she begged the members to consider the question from the point of view of what would be best for the future of the League, and said that she wished to see the League firmly established, and not dependent upon her. She hoped the members would put personal considerations on one side, discuss the question fully, and arrive at a definite policy.

Miss Pell Smith opened the discussion. She pointed out some of the difficulties that might arise if the President lived at a distance, and also if the Matron who should succeed Miss Rogers were not a member of the League.

The Secretary pointed out to the meeting that by the Constitution no one was eligible for membership unless she held the certificate of the Infirmary, or had been resident for one year.

After some discussion it was decided that in the event of the new Matron not being eligible for membership she should be asked to become an hon. member.

Miss Wade spoke very strongly in favour of Miss Rogers retaining the office of President.

The following resolution was put to the meeting: "That Miss Rogers be asked to retain the office of President." This was carried unanimously.

Miss Rogers, on returning to the Chair, received a tremendous ovation. She thanked the League very much, and said that as it was the wish of the members that she should remain President, she would gladly do so.

At the close of the meeting, tea was served in the nurses' dining room. The tables looked very

dainty, prettily arranged with Shirley poppies, and loaded with good things. At the end of the room was hung the beautiful banner of the League, which is to be taken to the Cologne Congress.

When everybody had assembled, Miss H. Sherlock (Sister Lena) asked Miss Rogers, on behalf of the League and the nursing staff, to accept a beautiful diamond and pearl necklace, and a cheque for £100 as a small token of the deep love and respect they all felt for her.

With these gifts was included a small leather album containing the names of the donors, and photographs of the Infirmary from the earliest days up to the present time. After tea Miss Rogers thanked the League for the gift. The company then scattered, some to visit old haunts; others to examine the exhibits that were going to

the Cologne Exhibition, and to see a beautiful entrée dish, given to Miss Rogers by the in-patients of the Infirmary, with the following letter.

*To our much respected Matron, Miss Rogers.*

"We, the patients in the Leicester Infirmary hear, with great regret, of your intended severance with the Infirmary, and are anxious in our small way to show our appreciation of the splendid way you have carried on your duties as Lady Superintendent, and ask you to accept the enclosed gift as a token of that appreciation.

"Wishing you many years of health and prosperity,

"Yours sincerely on behalf of the patients,  
JOHN EDWARD WEBB.  
HENRY HAMER."



MISS OLIVE F. WATHERSTONE.  
*First Gold Medallist.*

At 5.15 all gathered together again to have a photograph taken. Supper was served at 6.40, at which over 70 sat down, and several of the foundation members and old friends of Miss Rogers stayed the night.

It was a never-to-be-forgotten meeting, and one that will live in the memory of those that were present for many a long day.

JESSIE W. DAVIES, *Hon. Sec.*

We have great pleasure in publishing the portrait of Miss Watherstone, the first Gold Medallist at the Leicester Infirmary. It must add not a little to her pleasure at the honour conferred upon her that the medal is given by Miss Rogers, and is the only one awarded during her term of office as Lady Superintendent.

### THE KING'S BIRTHDAY HONOURS.

#### KAISAR-I-HIND MEDAL.

Amongst the large number of honours conferred by the King on the occasion of his birthday, he has been graciously pleased to make the following awards of the "Kaisar-i-Hind Medal for Public Service in India" of the First Class:—

Miss Catharine Frances Ling, a member of the Church of England Zenana Mission, Madras Presidency; Sister Mary of St. Paula, Lady Superior of the College of the Sacred Heart and of the Convent of the Good Shepherd at Bangalore.

#### ROYAL RED CROSS.

The King has been graciously pleased to confer the Decoration of the Royal Red Cross upon: Miss Amy Nixon, Matron, Queen Alexandra's Imperial Military Nursing Service; and Miss Mary Wilson, Matron, Queen Alexandra's Imperial Military Nursing Service.

### EXAMINATIONS.

*The Royal Free Hospital Nurses' League Journal* announces that in the Nurses' Examinations just concluded the first Gold Medal awarded by the Cordwainers' Company to the Nurse attaining the highest marks in her third year's examination has been gained by Miss Emma Mary Read.

*Third Year Nurses.*—Miss Read, *Gold Medallist*, Misses Noakes, Sadd, Hurley, Ross, Carrol, Instrell, Hart, Cordwell, Hughes and Brand.

*First Year Nurses.*—Misses Drewitt, Kirby, Brown, Morgan, Maitland, Fowler, Bliss, Sutherland, E. M. Williams, Gould, Grew, Boyd, Fryer and Holmes.

### THE HEALTH CONFERENCE AND EXHIBITION.

"If a man is wise and knows the value of good health, he will do everything in his power to prevent disease"—so wrote Hippocrates, and it is to instil this wise axiom into the public mind that the Health Conference and Exhibition, 1912, will open on Monday next at the Royal Horticultural Hall, Westminster. Nurses should visit it without fail—they will come away the wiser.

### PRACTICAL POINTS.

Dr. Edward Anderson, in *A Means of Emptying the Charlotte Medical Journal, the Bladder*, emphasises the fact that the bladder, when partially paralysed from parturition, or any other cause, can always be made to empty itself perfectly by throwing a large amount of very warm water into the bowel, thereby doing away with the necessity of using a catheter—a most important consideration, particularly when the patient lives at a distance from the doctor. After difficult and protracted labours I have been obliged to use the catheter every day, for weeks at a time, which was annoying to the patient and inconvenient to myself. Since using the above recommended plan I have had no trouble in this direction, the bowel and the bladder emptying themselves at the same time.

Dr. H. M. King, in *The Medical Record*, sounds a note of warning on the over-feeding of the tuberculous.

He writes: "The tuberculous patient with a quiescent lesion and good digestion, like the healthy individual, undoubtedly eats more than his body actually requires, but here Nature takes care of the unused residue, and no harm ensues. Not so, however, in the consumptive with an active lesion and a tendency to digestive disturbance. Here unabsorbed food products and such as have been incompletely broken up become an actual menace in the alimentary canal, and too often are responsible for the most serious complications."

Under the above title, a paragraph from a German medical journal has been going the round of the newspapers, drawing attention to a possible factor in the spread of infectious conditions of the mouth, nose and pharynx that is insufficiently recognised in many households. It points out that common table utensils, such as forks, spoons and glasses, which come into contact with the mouth, are usually washed all together, often with little care, and dried on the same cloth. This gives great opportunity for the distribution of infective agencies. For this reason particular care should be exercised in families where any member may be suffering from an infectious disease to sterilise the table utensils used in boiling water. The infectious germ is so minute that the eye does not detect its presence. It is necessary, therefore, to keep up a constant effort for the destruction of hurtful germs and germ carriers, by introducing as far as possible the precautionary practices of sanitary science into domestic use. Already it is the rule in many hospitals, sanatoria, and school sick wards to immerse the knives, forks, plates, dishes, &c., used by patients in a pail containing a 1 in 200 solution of Izal, and a similar safeguard might be adopted with advantage by careful housewives.



## APPOINTMENTS.

### MATRON.

**Hospital for Women and Orthopaedics, Hull.**—Miss G. M. Whytehead has been appointed Matron. She was trained at the Hull Royal Infirmary, and has held various positions on the nursing staff there.

**Cameron Hospital, West Hartlepool.**—Miss A. C. Rastall has been appointed Matron. She was trained at the Royal Hospital, Sheffield, and has held the position of Ward and Theatre Sister in the same hospital, and of Matron at the Victoria Hospital, Richmond, Yorkshire.

**Acton Cottage Hospital.**—Miss M. D. Thompson has been appointed Matron. She was trained at the Wolverhampton and Staffordshire General Hospital, and has been Staff Nurse at Ulveston Cottage Hospital, and Matron at the Ilkeston Hospital.

**Bethlem Royal Hospital, S.E.**—Miss H. Deakin, Assistant Matron at Cane Hill Asylum, has been appointed Matron.

**Horton Asylum, Epsom.**—Miss B. Fowler, Assistant Matron at the Long Grove Asylum, under the London County Council, has been appointed Matron.

### ASSISTANT MATRON.

**West House Royal Asylum, Morningside, Edinburgh.**—Miss Ellen Baxter has been appointed Assistant Matron. She was trained at the Royal Infirmary, Dundee, and the Royal Asylum, Perth, and has held the position of Sister at the Royal Hospital for Sick Children, Glasgow, and at the Children's Hospital, Belfast.

**Cane Hill Asylum, Coulsdon.**—Miss B. Milne, Assistant Matron of the Royal Crichton Institution, Dumfries, has been appointed Assistant Matron.

### DEPUTY MATRON AND NIGHT SISTER.

**County Borough Hospital, Warrington.**—Miss Edith M. Harrison has been appointed Night Sister and Deputy Matron. She was trained at the St. Marylebone Infirmary, W., and has been Sister at the Ilford Isolation Hospital, Chadwell Heath, Night Sister at the City Hospital North, Liverpool, and has also had experience in district and private nursing.

### SUPERINTENDENT NURSE.

**Pontypridd Union.**—Miss S. A. Thomas has been appointed Superintendent Nurse. She was trained at St. George's Infirmary, Fulham Road, where she was also Sister. She has had experience in private nursing, and to date holds the position of Sister at the Infirmary, Stone Hill, Newport, Mon.

### NIGHT SISTER.

**General Infirmary, Burton-on-Trent.**—Miss E. L. Henshaw has been appointed Night Sister. She was trained at the Infirmary, Warrington, and has been Staff Nurse at the Royal Infirmary, Preston, and the Infirmary, Blackburn. She has also been Sister at the Hospital, Stratford-on-Avon, and the Ancoats Infirmary, Manchester.

### SISTER.

**Royal Chest Hospital, City Road, London.**—Miss Amelia Evans has been appointed Sister. She was trained at the Royal Infirmary, Liverpool, and has held the position of Ward Sister and Home Sister at the General Hospital, Northampton.

**Union Infirmary, Edmonton.**—Miss Lavinia Wyatt has been appointed Ward Sister. She was trained at the Camberwell Infirmary and Queen Charlotte's Hospital; and has held the position of Ward Sister at St. James' Infirmary, Balham. She is a certified midwife.

**General Hospital, Stroud.**—Miss C. M. Turner has been appointed Sister. She was trained at the Guest Hospital, Dudley, and has held the position of Ward and Theatre Sister at the Kingstons Infirmary.

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following Staff Nurse is confirmed in her appointment, her period of provisional service having expired:—Miss Elizabeth M. Long.

The following ladies have received provisional appointments as Staff Nurse:—Miss F. R. Holmes, Miss G. M. Jones and Miss C. I. Griffin.

*Transfer to Stations Abroad.*—Staff Nurses.—Miss H. V. B. Wolseley to South Africa.

*Military Families' Hospitals.*—The undermentioned appointments have been made:—Miss I. M. Evans to Aldershot, Miss E. Day to Shoburyness, Miss E. M. M. H. Bridger to Tidworth, Miss E. M. Snow to Shorncliffe.

### QUEEN VICTORIA'S JUBILEE INSTITUTE.

*Transfers and Appointments.*—Miss Harriett P. Moore is appointed to Heanor as Senior Nurse, Miss Jane Henderson, to Gloucester, Miss Maud Macdonald to Darwen.

## THE PASSING BELL.

By the death of Miss Crone, who for twenty years has been parish nurse to the poor of Bishopsgate, in connection with the Bishopsgate Foundation, many of the parishioners have lost a kind and sympathetic friend. The memorial service, at St. Ethelburga's, Bishopsgate, was attended by Governors and officers of the Foundation, as well as by many of her former patients, in addition to her relatives and friends. Miss Crone will long be remembered for her whole-hearted devotion to duty, and for her kindness to those whom she served. The funeral took place at Ilford.

## WELCOME HELP.

The President of the Society for the State Registration of Trained Nurses begs to acknowledge, with many thanks the following donations to the funds of the Society: Mrs. Lancelot Andrews, £1 1s.; Miss A. E. Rider, 10s. 6d.; Miss Le Geyt, 10s.; Miss G. A. Rogers, 5s.; Miss M. Lord, 5s.; Miss E. R. Fridge Riack, 2s.

We regret that the list of new members of the Society is unavoidably held over till next week.



## NURSING ECHOES.

"I dread to look at the appointments announced in the JOURNAL in these days," more than one Bart's nurse has said to us during the past year. "Whoever gets promotion—it is sure not to be a Bart's trained woman." And, indeed, this is very true, and it is a very serious result of the suicidal policy of the Election Committee in degrading the standard of their three years' certificate of training by appointing (as Superintendent of Nursing) a lady with

selves they can't expect the Committees of other hospitals to select Matrons trained by them," the chairman of a well-known hospital said to us recently; "the fact is, public confidence has been shaken in the management of the nursing school, and it will require some evidence of self-confidence to re-establish it in public favour." The only consolation is, that St. Bartholomew's Hospital nurses have the sympathy of the whole nursing world in the injury done them, with the exception of those who conceived and carried out the injury.



"SUNBEAM." BOURNEMOUTH.

an inferior qualification from an alien school. This appointment which the medical staff permitted to go by default (we have no doubt the Governors would have been guided by them if they had stood by the nurses) has proved, as we knew it would, a very cruel injustice to the nurses trained at St. Bartholomew's Hospital, and we draw attention to it in justice to the nursing staff.

Over and over again during the past two years well-qualified Bart's nurses have applied for promotion, and even in inferior positions have been superseded by nurses trained elsewhere. "If they can't train a Matron for them-

The Admiralty is prepared to receive applications from able-bodied young men, who can produce a very good character, for admission to the Sick Berth Staff of the Royal Navy. Applicants must be intelligent, and able to read and write and possess a fair knowledge of arithmetic. On passing a preliminary examination by a Recruiting Officer they will be sent free of expense to Chatham, Portsmouth, or Devonport for final examination, and if accepted at these ports will be entered as Probationary Sick Berth Attendants. They will undergo a course of instruction at the Royal Naval Hospitals before being drafted to H.M. ships, and at the end of their probation, if

found qualified, will be confirmed as Sick Berth Attendants. During the probationary period they receive 9s. 4d. a week besides provisions, and as Sick Berth Attendant, after training, begin at 12s. 3d. per week, rising (as Chief Sick Berth Steward) to a maximum of 31s. 6d. Various additions to pay can be obtained, and men on long leave are granted 8½d. a day in lieu of provisions. The men are provided with free medical attendance and medicines, and after 22 years' service are granted pensions. Chief Sick Berth Stewards are eligible for selection for advancement to Warrant Rank, as there are eight posts of Head Ward Master or Warrant Officer. In this case they receive £25 on promotion towards the expense of their outfit, and their pay ranges from 5s. 6d. to 9s. a day. They are pensioned at 55, and pensions are also granted to their widows, and "compassionate allowances" to their children.

A very pleasant evening was spent at the Chelsea Infirmary on Wednesday in last week, when, by the invitation of the Matron, Miss Barton, a number of matrons and nurses from other infirmaries, as well as the Chelsea Infirmary staff, assembled to hear addresses on the National Insurance Act. The Chairman of the Board of Guardians, Mr. Banbury, presided, and Miss Potter and Miss Amy Hughes spoke of the measure as it affected women generally and nurses in particular.

The Local Government Board have just sanctioned an increase of £5 a year in the salaries of Ward Sisters at the Edmonton Infirmary, such salaries after October next to begin at £35, rising by £2 10s. a year to £40. The appointment of a Massage and Theatre Sister has also been sanctioned at a salary of £40 a year.

Many nurses will, we feel sure, be glad to know where they or their patients can be received at Bournemouth as paying guests on most moderate terms. The illustration on the previous page is of "Sunbeam," 86, Richmond Park Road, Bournemouth, the residence of the Misses Cureton, which is in the highest and most bracing part of Bournemouth, close to the golf links. The sea, pine woods, and lovely country are also easily accessible. Miss M. N. Cureton is well known and honoured by many nurses as Matron of Addenbrooke's Hospital, Cambridge, for a number of years, and they will know that any of her visitors will not only be well cared for, but made comfortable and

happy. The garden which surrounds the house is always gay with flowers, for Miss Cureton is one of those people who seems able without effort to make them do as she wills, and they thrive and blossom most luxuriantly. Trams to all parts of the town, as well as a church and Post Office, are within five minutes' walk, so that "Sunbeam" is very conveniently situated. The terms on which invalids and guests are received are as follows:—Guests, 2½ guineas; invalids, 3 guineas; nurses accompanying them, 30s.; and nurses alone, 25s. per week. The sanitation of the house has been examined and certified by the authorities. Nurses would, we feel sure, find Bournemouth a very pleasant centre for a holiday, and they could have no kinder hostesses than the Misses Cureton.

A meeting, presided over by the Mayor, was held recently at Chard, Somerset, to consider the nursing and midwifery needs of Chard, Crewkerne, and District. Clear and instructive addresses were delivered by Miss Hughes, General Superintendent of Q.V.J.I., and by Miss du Sautoy, Inspectress of Midwives under the Somerset County Council. There was a good attendance of all classes from the town and neighbourhood. At the close questions were asked relating to the subjects, and it was decided to form a committee representative of the town to make the necessary arrangements.

Miss Jennie Druitt, writing from the Onitsha district in *Nurses Near and Far*, describes the work as most encouraging. She says:—

"One man came to us who had been a cannibal, and had had a share in eating nine men. He had cataract, and was operated upon and cured. He said to us then, that he "did not see only with his eyes, but with his heart." He is now an evangelist. Another chief, after having gone through a serious operation, expressed his wish to burn his idols. He has since endured great persecutions from his fellow-men.

"In the Onitsha district, Nursing is considered an abomination, but we were cheered by two girls offering for the work. They were of great value, being from influential families, and we hope that now they will have set the fashion other Nurses will come.

"Another European Nurse is most urgently needed. There is ample work for two, and this summer Miss Elms will be going home on furlough, and there will be no Nurse. We cannot get on without a qualified Nurse; so many patients are operated upon, and need special care, and the experience is most valuable and opportunities are great. The climate is much better than in some places, and if God calls He can supply the

need. On the eve of my return to Onitsha after furlough, I do plead that someone will come out to help. It may be you who read this; hold yourself in readiness, and be prepared to say, 'Yea, Lord, I will go for Thee,' and real joy will come into your life.

"But if you cannot go yourself, do pray for those who are already at the front, that God may keep them in touch with Himself. Also many of the patients need following up by prayer, and you at home can be sharers in this work."

The following cutting from a Washington paper of May 15th has reached our office, with the question, "Isn't this disgusting?" from a well-known American nurse. It is too extraordinary to avoid quotation:—

"A fusillade of rapidly exploding dynamite mines and the sudden transformation of a miniature battle-field, set with platoons of manikin soldiers, into 'a field of carnage,' with a fully-equipped corps of Red Cross nurses rushing to do service among the 'wounded,' was the crowning feature in a series of surprises, which made the \$50,000 fete Mr. and Mrs. Edward Beale McLean gave last night one of the most astonishing and spectacular affairs ever given in Washington. Small fortresses dotted the gardens and cavalry and cannon added to the realism of the martial picture.

"Red Cross ambulances and Red Cross nurses, arranged on wires charged with electricity, whirled rapidly to the scenes of the several explosions; and, within twenty minutes after the firing of the first mine, the Italian gardens, set with fifty battalions of soldiers in battle array looked like a Red Cross hospital camp in full tide of a bloody fray.

"The occasion marked the climax of a week's entertaining, planned in honour of the delegates to the International Red Cross Conference, now in session in Washington. Eight hundred guests, including notables from every country in the civilized world, attended the reception, which was marked by the elegance of a court function.

"The gorgeoussness of the floral decorations surpassed anything Washington has witnessed in a decade, while in the gold banquet hall stood a board set with the magnificent gold service presented to the late Thomas Walsh by the late King Leopold of the Belgians."

It is this outrageous type of ostentatious American which at home and abroad rouses antagonism and anarchy. Gorgeoussness and gold plate have a peculiarly irritating effect upon starved and ragged humanity—especially when they realise that their labour has produced it—and the sight of "a Red Cross hospital camp in full tide of a bloody fray" is by no means amusing to the class which contributes the blood!

## REFLECTIONS.

### FROM A BOARD ROOM MIRROR.

More than 500 guests attended a garden fête held at Devonshire House, Piccadilly, in aid of the National League for Physical Education and Improvement. Some interesting items were put forth in the speeches. The Duke of Devonshire hoped in referring to a "certain Act of Parliament," nothing would be done which would in any way weaken or tend to depreciate the admirable work by the great voluntary associations of which the League for Physical Education was such a conspicuous example. The best form of insurance was prevention, and the object of the League was to determine, as far as it could, rules for guidance of those responsible for the future welfare and prosperity of the nation.

According to Mr. St. Loe Strachey, working men and women waste two and a half millions annually on patent medicines, a sum which would, he said, provide 40,000 beds in first-class hospitals. We imagine the medicine is bought in the hope of escaping the hospital bed!

Dr. Boyd Carpenter announced that a great admirer of Florence Nightingale was prepared to put £300 at the disposal of the League if they could devise some scheme which would promote health visiting throughout the country, especially in one of the divisions of Buckinghamshire, where Florence Nightingale's memory was so highly cherished.

Great preparations are being made at the Royal Infirmary, Bristol, to give the King and Queen a right royal welcome on the 28th inst., when they are to open the King Edward Memorial, a fine new block attached to the institution.

The Chelsea Hospital for Women has received donations of £100 towards its Rebuilding Fund from Mr. and Mrs. R. S. Donkin.

A Linen League has been organised by the Ladies' Committee of the Royal Infirmary, Bradford, for supplying bed linen, blankets, quilts, &c., for use in the Infirmary. It has only been in existence for three months, and the linen collected in that time was recently on view in the Board Room of the Infirmary.

Five hundred and sixty articles were sent in, and these included 132 sheets, 86 draw sheets, 112 pillow-cases, 56 blankets and other useful things. This result is a very satisfactory one, and the Ladies' Committee have reason to be proud of the success that has attended their efforts to benefit the Institution.

In addition to the League, the Ladies' Committee provide bed garments for the use of the patients during their stay in the wards, and at



Christmas time very generously gave 200 red flannel jackets.

It is needless to say how much these garments are appreciated by the matron and her staff.

The Medical Supply Association moved into its new premises at 167, Gray's Inn Road, on Monday last. Nurses should not fail to visit the new establishment where the many desirable medical and nursing requisites and appliances can be seen to much greater advantage than in the former premises.

### USEFUL ANATOMICAL MODELS.

We have much pleasure in drawing attention to the admirable coloured Anatomical Models and Physiological Diagrams, published by Messrs. Allman & Son, Ltd., 67, New Oxford Street, London, W. They are issued in a very convenient form, and arranged most clearly to illustrate the construction of the body. Thus, in the model of the hand, we have first the dorsum of the hand in its entirety, then the tendons, deep-seated arteries, bony skeleton, nerves and muscles in successive layers. The head, foot and internal organs are similarly dealt with. They must, however, be seen for their beauty to be appreciated. The Female Human Body, in movable manikin form, with letterpress key, is also most useful; while the Pocket Anatomical Atlas should be in the possession of every probationer and first aid student. The same firm publish a popular handbook on Home Nursing, by Miss Margery Homersham, price 3d.; and one on first aid to the injured, at the same price, by a medical officer.

## PROFESSIONAL REVIEW.

### GYNÆCOLOGICAL NURSING.

"Gynæcological Nursing," by Dr. Arthur E. Giles, F.R.C.S., M.R.C.P., surgeon to the Chelsea Hospital for Women, and gynaecologist to the Prince of Wales' General Hospital, Tottenham, is a most valuable handbook for nurses on this branch of their work. It should be assimilated by those in training, and consulted by nurses, however great their experience, who desire to acquaint themselves with the latest methods. It is published by Messrs. Baillière, Tindall & Cox, 8, Henrietta Street, Covent Garden, W.C., price 3s. 6d.

In his introduction the author describes the "perfect gynæcological nurse," and his portrait is, he states, drawn from life.

He expresses his indebtedness to Miss E. Margaret Fox, Matron of the Prince of Wales Hospital, Tottenham, and to Miss Ada Simmonds, until recently Sister in the same institution, and to Miss Annie Howard, Sister at the Chelsea Hospital for Women, for their valuable assistance, and also to Messrs. Allen & Hanburys, and to the

Medical Supply Association for their courtesy in lending blocks for illustration.

The book deals with the anatomy and physiology of the pelvic organs, and then with their diseases. Tumours are described as being of two kinds, cystic and solid. Of the former the most important found in the pelvis are ovarian cysts, which may be unilocular, multilocular, or dermoid. In regard to solid tumours we are told that "just as cysts develop in places where there are cavities, so solid tumours develop from the solid tissues. Any part of the body can only grow tumours composed of the same elements as are contained in that part of the body. A tumour is formed by the multiplication of cells of the same kind as those present where the tumour is growing. In other words, the tissue cells breed true." The various varieties are then described.

Referring to the two discoveries of the last century, anæsthesia and antiseptics, the author remarks that as regards antiseptics the surgeon absolutely depends on the co-operation of the nurse. In the preparation for an operation, and in the after treatment, antiseptics is the first and last necessity for safe and successful surgery. Sepsis, antiseptics, and asepsis are then discussed in detail.

In connection with the after treatment of abdominal operations, Dr. Giles has a saline injection at a temperature of 105 deg. F. given as a matter of routine, and only countermands it in certain cases, as when there is a risk of oozing from adhesion sites. The saline counteracts shock, and diminishes the tendency to thirst. The mouth may, he says, be washed out frequently with hot water, either plain, or slightly flavoured with lemon, sal volatile, or brandy, in order to help to remove the taste of the anæsthetic.

After mentioning the drugs which may be given to alleviate pain and restlessness, Dr. Giles prohibits morphia as very dangerous after an abdominal operation. He prefers the patient nursed in Fowler's position, *i.e.*, sitting up almost vertically with a bed rest as soon as she recovers consciousness, and says, "patients get great relief from this posture. They are able to sleep, they show less tendency to sickness, and the backache is almost entirely done away with."

In regard to food in the absence of sickness, the author allows drinks of hot water within a few hours, and six to eight hours after the operation a small drink of milk tea.

In regard to the passing of water, Dr. Giles says, "It is the refinement of cruelty in such a case to insist on a bedpan drill at fixed hours. The patient's requirements must be complied with however exacting or even capricious she may appear." Dr. Giles condemns the use of a surgical belt. It is "heavy and cumbersome, and discourages the abdominal muscles from recovering their normal tone." On the other hand, he says that many patients derive great benefit from massage, and when they get up are markedly stronger than those who have had none.

## OUTSIDE THE GATES.

## WOMEN.

The Queen spent an hour at the very instructive Missionary Exhibition arranged at the Church House by the Society for the Propagation of the Gospel, and said her visit had been a source of delight. Nurses who have not already done so should visit the Exhibition before it closes on the 22nd inst. China, Japan, Korea, South Africa, Australasia, Canada, India, Burmah, Madagascar, Borneo and the West Indies contribute sections of wonderful interest. The Medical Missions Court, beautifully arranged, "illustrates the revelation of Divine love in action—in the healing of the sick." Here may be compared and contrasted the equipment of the witch doctor and that of the missionary who brings to the relief of quack-ridden millions the latest results of medical and surgical skill. In the lower hall is a living picture showing a group of Mahomedan ladies of North India in *purdah*, or behind the curtain. Tableaux are given daily.

We wonder sometimes if we really are in England known in the past as the land of the free! One day the press prints long lists of eminent names from Russia and other "benighted" places petitioning our Government for humane treatment of political women offenders in prison! Again imagine the condition of public feeling when it is possible for the Prime Minister of England to be personally attacked by a lady at a great Foreign Office function, and in return, for her to receive a smart smack over the ear from the Prime Minister's wife!

As for the Minister who climbed to power through riot and durance vile—to see him pinion and hustle a woman suffragist in this august assembly must indeed have been a valiant sight. We are not surprised that the "anti" press has attempted to hush up this most disgraceful and significant occurrence.

Mr. "Tim" Healy, K.C., M.P., who defended Mrs. Pethick Lawrence in the conspiracy trial, had a stupendous ovation at the Albert Hall on Saturday evening, when he said, "I did not defend her from my brief but from my heart." His speech was full of Irish wit.

"We are met here to-night," he said, "upon the eve of the introduction of a further measure of franchise reform. Miss Kenney has asked what these young men have done to deserve the vote at the age of 21. Well, they have graciously consented to be born. They have condescended to have mothers, and they are to get the vote, and the mothers who bore them are to be refused it."

Mr. Healy ended by saying he would rather be a "suffragette" than a "jailolette." £5,929 was contributed to the war chest—making upwards of £16,000—collected in the Hall at two meetings this year.

## BOOK OF THE WEEK.

## DAPHNE IN THE FATHERLAND.\*

This is a bright and amusing description written in the form of a letter to a friend, of a young girl's visit to Germany; whether it is fictitious, or whether it is a genuine experience it would be hard to say, but in any case it is well worth reading and is written in an easy chatty style.

On the journey to Berlin she is driven from the carriage she originally decided upon by her fellow travellers whom she does not find congenial to her taste.

"I didn't feel inclined to pass the night with these people, especially as the mother was beginning to unfasten intimate things and the son was preparing to unlace his boots preparatory to taking them off."

Installed in another carriage, and "just as I found a comfortable angle for my head and was going off into a doze we stopped at Goch, where they turn out all the luggage to be examined. How hateful it was to see those sour visaged officials plunging their great coarse hands into my nice laces. Marie had packed all my pretty 'undies' in soft tissue paper and my lovely oyster silk looked a perfect dream of beauty. I lifted off the top layer of cream satin. . . . I was so confused I did not know how I was putting away my things and should have crumpled them up anyhow, but he put back the tissue paper in the sleeves and folded up everything so neatly and arranged my pretty lace petticoats as though they were infants. I supposed he was so accustomed to examining people's clothes that he was quite oblivious by now of the proprieties."

Daphne is to stay with her Aunt May in Berlin. "Though Auntie is a Countess with sixteen quarterings of nobility she lives in a very quiet way. She met me at the door of the flat in a dreadfully bad woollen blouse and carpet slippers, and her hair didn't seem to be quite finished, as though she had forgotten to put something on. She embraced me in an affectionate-relative kind of style, pressing me to her heart; only a big button got in the way and it was rather painful. . . ."

The description of Princess Charlotte's unconventional visit to Auntie is very amusing:

"Auntie rushed into the bedroom to tidy her hair and put on a foolish sort of lace bow which looked out of place on the coffee-coloured flannel blouse.

"She came sweeping into Aunt's flat and gave her two little dabs of kisses on each cheek, and then Aunt May struggled to kiss her hand, but she dragged it away and I thought if I had been in Aunt's place I shouldn't have persevered, as it looked rather silly."

Though Daphne is nineteen she is asked to "play with my little Lotta" and in this way meets many interesting people, and even the Emperor himself.

\* Anon. Andrew Melrose, London.

She does not appear to be troubled with shyness on this occasion: "and in a few minutes we were quarrelling—actually quarrelling—about the Suffragettes. 'Of course I am one myself.' The Emperor grew very impatient as men do when they are having the worst of an argument and brought out all sorts of stale old platitudes about woman remaining in her proper sphere and looking after her home and—he didn't say so, but I know the German attitude of mind—her husband's comforts.

"His Majesty seemed to enjoy being entertained by two young 'blooming maidens' as he called us and said he was dying for tea and hoped the 'Suffragette didn't intend to starve him.'"

The account of the "sun baths" and "air baths" at Schloss Freidorf strikes us as being at least unusual. Hans and Heinz, the two younger boys, suddenly appeared in the garden in a state of nature except for bathing drawers. The boys began gravely to recite their lessons to Herr Pastor, who appeared quite unmoved by the unconventionality of his pupils' appearance. Tante Klara takes her sun bath in a sunny corner of the garden in a sort of tent without a top.

H. H.

### SERVICE.

To serve another's will  
That's not for me;  
My heart is not athrill  
For slavery.

To serve another's need  
Right heartily,  
In thought, and word, and deed—  
That's Liberty.

JOHN KENDRICK BANGS.

### COMING EVENTS.

June 21st.—Meeting at 46, Cadogan Square, S.W., by invitation of Lady Helen Munro Ferguson to discuss State Registration of Nurses.

June 24th to 27th.—The Biennial Health Conference and Exhibition 1912, Royal Horticultural Hall, Westminster, and L.C.C. Technical Institute. Opened at 12 o'clock noon by the Mayor of the City of Westminster.

June 27th.—Irish Nurses' Association, Howth (Lawlor's Cottage, Bailey). Cyclists' meet:—The Crescent, Clontarf, 4 p.m.

June 28th.—The King and Queen open the King Edward Memorial, Royal Infirmary, Bristol.

June 29th.—League of St. Bartholomew's Hospital Nurses. General Meeting, Clinical Lecture Theatre, St. Bartholomew's Hospital, 2.30 p.m. Social gathering 4 p.m.

### WORD FOR THE WEEK.

If thou thy Star do follow  
Thou canst not fail thee of a glorious port. —  
Dante.

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

### NURSES AND THE NATIONAL INSURANCE ACT.

We have been asked to publish the following correspondence which has passed between the secretary of the Scottish Nurses' Association and the secretary of the Scottish Insurance Commission:—

5, Kelvin Drive, Glasgow, W.,

May 1, 1912.

DEAR SIR,—Referring to your letter *re* "Resolution," I have now to state the points on which it was based.

The resolution was:—That this meeting would respectfully submit to the Commissioners that hospitals be not permitted to contract out of paying their regular proportion as employers in view of the disabilities which it would impose upon nurses on leaving such hospitals to take up either private work or any other of the many branches of nursing."

Under Schedule I., Part II., Sub-section C (Exceptions), it is stated:—"Employment under the Crown or any local or other public authority, where the Insurance Commissioners certify that the terms of the employment are such as to secure provision in respect of sickness and disablement on the whole not less favourable than the corresponding benefits conferred by Part I. of this Act."

We take it that hospitals kept up by the rates and even some of those kept up by voluntary subscriptions, where full wages are paid during sickness and temporary disablement with free medical attendance and nursing, might be exempted, especially those, such as some of the mental hospitals, where a superannuation scheme is in force.

If a nurse on the staff of an exempted hospital left after three or four years—as most hospital nurses do—to join the staff of a hospital insuring its members or to go in for private nursing, it would appear that she would be in the position of a person not previously insured who becomes an employed contributor. She would then come under Section IX. 4 and

(1) be considered in arrear for all the years she had been previously exempt and have to pay up all such arrears,

or

(2) would receive no benefit for six months (Sect. VIII. 8b) and reduced benefits afterwards unless she paid a capital sum sufficient to secure benefits at the full rate or paid premiums at the voluntary rate for one of her age.



She might become a voluntary contributor while on the staff of an exempted hospital, but would have to pay both the employer's and employee's contributions, and on joining a non-exempted hospital would require to be transferred to the compulsorily insured class and would receive reduced benefit (Sect. VI.).

Our resolution also refers to partial exemption, which may not unlikely be claimed by some hospitals.

An hospital nurse, being usually engaged for over six months, would come under Section 47, 3, and therefore, if she took ill just before the expiration of her period of service, she would be entitled to no benefit from her employer from the expiry of that period, and would get no sickness benefit till six weeks from the commencement of her illness.

Should she become temporarily unemployed (47, 5), as is the case with most nurses upon leaving hospital, she would get no sickness benefit for six weeks.

Should she desire to become a voluntary contributor, she could do so, but would get no sickness benefit for the first six weeks of any illness unless she became an ordinary voluntary contributor and paid 26 contributions at the full rate.

(Sgd.) P. HAMILTON ROBERTSON, M.B.,  
Hon. Secretary,  
Scottish Nurses' Association.

National Health Insurance Commission (Scotland),  
42, Frederick Street, Edinburgh,

May 15, 1912.

SIR,—With reference to your letter of the 1st inst., I am directed by the Scottish Insurance Commissioners to say that, in view of the terms of paragraph (b) of Part II. of the First Schedule to the National Insurance Act, it appears to them that of the two classes of hospitals to which the resolution of the association seems to relate—viz., that supported by the rates and that maintained by voluntary subscriptions it is only in the case of the former that exception from the necessity to come under the operation of the Act, in cases where the Commissioners issue the necessary certificate, applies.

With regard to what is said in the resolution, I have to state that, while the Commissioners cannot undertake to adopt the suggestion therein contained as a general line of policy, but must consider on its merits each application from a local or public authority as it comes before them, they are fully conscious of the possible hardships which might arise consequent on the granting of a certificate of exception, and they will give their careful attention to the question, with a view to considering what can be done to obviate the disabilities imposed on nurses and others leaving excepted employment under a local or public authority to take up work elsewhere.

(Sgd.) J. BURY FRASER,  
Assistant Secretary,  
National Health Insurance Commission.

## REPLIES TO CORRESPONDENTS.

*Sister F. C., Manchester.*—There is no supplementary course of education in this country to enable a Sister to qualify as the head of a training school for nurses. Many women are appointed to these posts who know nothing of nursing standards outside the institution at which they were trained, and have never prepared or given a lecture in their lives. A special course for Matrons is a very urgent need in this country. The assumption that women's work in hospitals needs no standard results in the most haphazard appointments.

*Miss Mayhew, Nottingham.*—We cannot advise you to train at the hospital mentioned. The two years' certificate will in the future be found disadvantageous. It is unjust to deprive the probationers of the third year's experience in the wards for the commercial support of the institution. Enter a hospital where you can work for a three years' certificate.

*"In Doubt," Birmingham.*—You would find the work of a school nurse full of interest if you realise the value of the preventive side of nursing. It is more scientific to grapple with and eliminate conditions which produce disease than to concentrate upon nursing the patient when he has contracted a disease he would never have had if he had lived in hygienic surroundings. Both are, of course, necessary in the present stage of development, but you need never fear that you will not have scope for your talents as a school nurse.

*"Mother," London.*—Write to Miss Wortabet, the Hindhead Nursing Home, Hindhead, Surrey. The Home is provided with all the requisite appliances for the treatment required. We do not think it is possible to carry out the treatment in a private house. See page x.

## OUR PRIZE COMPETITION FOR JULY.

*July 6th.*—Describe the different ways in which Drugs may be introduced into the system.

## NOTICES.

### NEW SUBSCRIBERS.

The Editor hopes that every reader, who values THE BRITISH JOURNAL OF NURSING, will get one or more new subscribers—so that its constructive work for the profession may receive ever increasing support.

It is the only journal which demands efficient educational and economic standards for trained nurses through an Act of Parliament, providing for their State Registration.

### OUR ADVERTISERS.

We would remind our readers that they can help THE BRITISH JOURNAL OF NURSING by dealing as far as possible with advertisers in the paper. Only the most reliable firms are accepted by the management.

# The Midwife.

## WHOSE FAULT?

"Four months; convulsions; losing weight since birth; vomits after food." Such is "Charles Henry's" sordid little history as he is hurried out of the casualty to the ward, where the "lady" who has brought him explains volubly that she is not the mother, but has had him since he was a fortnight old; couldn't have looked after him better if he had been her own; that he cries most of the day and all night; that "he draws up 'is little legs and 'as inward convulsions"; and "that she reckons it 'ud be a good thing if it pleased th' Almighty to take 'im."

She rolls up Charles Henry's plentiful but grimy clothing with an evident air of relief, and is sure he has been baptised, though on further questioning she thought the Sister meant vaccinated, and takes her departure.

"Charles Henry" lies in an immaculate cot, and his wasted little body is cleaner than its wont. He lies with his sunken little eyes half open and his fists clenched. He looks very blue, and just now he is feebly wailing because his dirty little teat, the only comfort he had, has just been taken from him.

After work his mother comes, and on learning that his chances of life are very small, she cries over him a little in a dull, despairing way, and one must not judge her harshly when she says she "must hurry out and pay his insurance money, which is owing for three weeks." A hard, unlovely life such as hers must knock out a great deal of sentiment, and in her eyes for the baby to be buried by the parish would be a tragedy indeed.

\* \* \* \* \*

The light creeps through the windows and down the long ward, and the night nurse puts out the lights and prepares for the rush of the early morning work, and Charles Henry's spirit goes out to meet the early dawn, and as his wan, unbabylike face is covered over, one fancies one can hear "his angel" asking: "Whose fault is it that this life has been so full of suffering and has ended so soon? Why did his mother have to work up till nearly the time of his birth? Why was he not fed as babies were meant to be? Why was his only taste of fresh air late at night in the crowded market?"

M. A. FUSSELL.

## THE BABY CLINIC OF THE WOMEN'S LABOUR LEAGUE.

No better memorial of Mrs. Ramsay MacDonald and her friend, Mrs. Middleton, could have been decided upon by the Women's Labour League than the Baby Clinic at 12, Telford Road, North Kensington, which was opened last autumn.

The house is a mile-and-a-half from the nearest hospital; and the hope of the promoters of the Clinic is to show in this poor district that a higher standard of health may be reached, if medical aid is freely at the command of parents for the many small and mysterious ailments of childhood. Outpatients' Departments can only be used in definite illness. Poverty keeps parents from seeking private medical advice, except in grave and acute need; and so preventive medicine hardly reaches the children of the poor.

A drawing-room meeting is to be held (by invitation of the Committee of the Clinic, and by kind permission of Mr. J. Ramsay MacDonald, M.P.), at 3, Lincoln's Inn Fields, on Friday, June 28th, when Sir George Newman will preside; and the Hon. Mrs. Ernest Franklin will give an address on "Early Influences." All information as to the Clinic may be obtained from the Secretary, 12, Telford Road, W.

## CENTRAL MIDWIVES' BOARD.

### THE JUNE EXAMINATION.

The following is the Examination Paper set to candidates at the examination of the Central Midwives Board, in London and the Provinces, on June 11th:—

1. Describe the shape of the female pelvis, and give the length of the principal diameters.
2. Give the mechanism of labour in a case where the occiput points backwards and to the right.
3. A woman is bleeding severely at the third month of pregnancy and sends for you. What would you do? Give reasons for your answer.
4. What conditions would lead you to suspect the existence of some obstruction during labour? What is a midwife's duty in such a case?
5. What form of infection is likely to follow the retention of a piece of the placenta after delivery, and what are its characteristics?
6. Under what conditions must a midwife disinfect herself and all her instruments and other appliances, and have her clothing thoroughly disinfected, to the satisfaction of the Local Supervising Authority, before going to any other maternity patient?

## SCOTTISH MIDWIVES BILL.

The Midwives (Scotland) Bill, though in many respects following the wording of the English Bill, contains several important additions and differences.

*Constitution and Duties of the Central Midwives Board of Scotland.*—A great defect of the English Bill is that no provision is made for the representation of midwives on their governing body. While direct representation of midwives is not yet proposed it is a noteworthy improvement in the present Bill that of the three persons to be appointed by the Lord President of the Council two are to be certified midwives practising in Scotland. The Board is to consist of eleven members, three appointed by the Lord President, one by the Association of County Councils for Scotland, one by the Convention of Royal Burghs of Scotland, one by the Queen Victoria's Jubilee Institute, one by the Society of Medical Officers of Health.

The registered medical practitioners are to be appointed by the following bodies:—One by the Universities of Edinburgh and St. Andrews conjointly, one by the Universities of Glasgow and Aberdeen conjointly, one by the Royal College of Physicians of Edinburgh, the Royal College of Surgeons of Edinburgh, and the Faculty of Physicians and Surgeons of Glasgow conjointly, one by the British Medical Association.

*Payment of Members.*—Provision is made for the payment of reasonable travelling expenses to members of the Board in respect of their attendance at meetings.

*Future Revision.*—Provision is also made for increasing or diminishing the number of persons appointed by any body or person, or abolishing the power of appointment by any body or person, or conferring on any body or person a power of appointment of one or more persons, or altering the term of office or qualifications of any members.

*Duties and Powers of the Board.*—It is expressly provided that the examinations shall, so far as possible, be of a practical character; that the Board shall define the emergencies in which a midwife shall call in a medical practitioner to her assistance; that one of the examiners shall be a medical woman, and none shall be members of the Board.

*Provisions as to Suspension.*—The English Board has no power to suspend a midwife as a disciplinary measure. Provision is made in the Scottish Bill authorising the Board to suspend a midwife from practice for such period as the Board think fit in lieu of striking her name off the Roll, and to suspend from practice until the case has been decided, and (in case of an appeal) until the appeal has been decided, any midwife accused before the Board of disobeying rules or regulations or of other misconduct.

A local supervising authority taking proceedings against a midwife either before a Court of Justice or the Board is also authorised to suspend her from practice till the case has been decided.

When a midwife has been so suspended from practice, and the case is decided in her favour, or if she is suspended to prevent the spread of infection, power is given to the Board, or the Local Supervising Authority by whom she was suspended, if they think fit, to pay her such reasonable compensation for loss of practice as may seem just.

*Expenses of Midwives.*—Provision is made that the Board may, if they think fit, pay all or any part of the expenses incurred by any midwife who may be required to appear before them in her own defence. This is a most just provision. It will be remembered that at the last Penal Board of the Central Midwives' Board, a letter was read from a midwife who had been cited, saying that she thanked God that she had had a rush of cases which would enable her to appear before the Board; but many midwives are quite unable to do so, while the legal talent subsidised by the Board is intent on obtaining a conviction.

Book and forms required to be used by certified midwives are also to be supplied gratis, with duly stamped envelope.

*Offences by Midwives.*—Power is given to the Board, in addition to removing the name of a midwife from the Roll, to prohibit her from attending women in childbirth in any other capacity, subject to the like appeal as their decision to remove her from the Roll.

*Return of Certificate.*—A woman whose name is removed from the Roll is to be required to surrender her certificate to the Board within fourteen days. If she fails, she is liable, on summary conviction, to a fine not exceeding £5. The English Board has no power to enforce the return of the certificate, if the midwife refuses to surrender it.

*Reciprocal Treatment of Midwives.*—Provision is made for the reciprocal treatment of midwives in other parts of His Majesty's Dominions where an Act or ordinance for the certification and registration of midwives under a public authority is in force, and which admits to its register midwives certified under this Act on reciprocal terms.

*Appeal.*—The Court of Appeal in Scotland from decisions of the Midwives' Board is to be the High Court of Justiciary.

*Fees and Expenses.*—Should there be any balance against the Board when the accounts are made up—and the experience of the English Board goes to prove that the working of the Act cannot be made self-supporting on the £1 is. fee provided for—the balance is to be apportioned between the local supervising authorities, in proportion to the populations of their districts as ascertained at the last preceding census.

*Powers of Entry.*—It is provided that, for the purpose of exercising the powers of supervision over midwives conferred on local supervising authorities, any officer appointed by such authority for the purpose may, at all reasonable times enter any premises which he has reason to believe to be a lying-in home conducted for profit within the area of the authority in which he has reason to believe



that a certified midwife is employed or practises, or that a woman, not a certified midwife, practises, in contravention of the Act; and any person who wilfully obstructs any such officer in the performance of his duties will on summary conviction be liable to a fine not exceeding £5. Evidently the Scotchwoman's house is not her castle. It is to be hoped that, if this power is granted by Parliament, it will be used with great discretion, and rarely, as a last resource, as it would be most injurious to the practice of a midwife.

Any woman certified under the Act who has not given notice to the local Supervising authority of her intention to practise, and who attends a woman in child-birth in any capacity, and a duly qualified medical practitioner is not present at the birth, is required to notify the local supervising authority within forty-eight hours, under penalty of £5. Presumably, this will apply to maternity nurses. It will be remembered that when it was proposed to introduce a similar clause into an Amending Bill of the English Midwives Act, medical members of the Central Midwives Board strongly protested against their cases being so notified.

A penalty of £5 is also to be imposed if a certified midwife does not notify all the local supervising authorities in whose areas she is practising of her change of address.

*Contributions towards Training.*—Local supervising Authorities are authorised under the Bill to contribute towards the training of midwives within or without their respective areas, in such a manner, and to such extent, as may be approved by the Local Government Board for Scotland.

*Medical Assistance.*—Provision is made for the payment, in case of emergency, of a sufficient fee to medical practitioners called in to the assistance of a midwife. Such fee to cover one subsequent visit. The local supervising authority on whom this charge is placed is given power to recover if the patient's husband or guardian is able to pay.

*Reports.*—The medical officer of every local supervising authority is required to report annually to that authority on the administration of the Act in his area, and to transmit a copy of his report to the Board.

The Board are required to present to the Privy Council a report of their proceedings each year, within three months of the termination of the year, containing such particulars as the Privy Council may direct.

### THE ROTUNDA HOSPITAL.

The Report of the Governors of the Rotunda Hospital, Dublin, states that the cost of the new labour wards "is greater than was anticipated. This was caused by unforeseen difficulties of construction, and the desire to leave nothing undone which would make for the permanent efficiency of the new wards. The design includes a new floor of concrete, reinforced with steel joists, and having a surface of white marble terrazzo mosaic. The walls are also covered to a height of eight feet with pale green terrazzo, the remainder

of the walls and the ceilings being enamelled in white. The heating system is of hot water, and hot and cold sterilised water are laid on in convenient positions. The wards have been fitted with electric light, and the entire equipment is of the most modern and approved description, the whole design being carried out in such a manner as will rank with the best of its kind in Europe. The suite of wards includes bathroom, dressing-room, waiting, and labour wards, an isolation labour ward, clerical room, and kitchen, and affords ample accommodation and facilities for carrying on this important and humane work in the most efficient manner possible. The Report further states:—

"The Master has drawn up an important report, showing to what a very serious extent this hospital, in common with other Irish maternity hospitals, will be affected by the National Insurance Act, 1911, as it stands. In it he has also made two suggestions which, if adopted by the Irish Insurance Commissioners, would obviate the evils referred to. A Committee, representing the three Dublin maternity hospitals, have the matter under consideration at present, and it is hoped that their deliberations and representations to the Insurance Commissioners will result in a satisfactory solution of this important question. The Irish Insurance Commissioners have, with the Board's consent, appointed Miss Lucy Ramsden, our Lady Superintendent, as a member of the Advisory Committee to represent the midwives of Ireland."

### DIET DURING PREGNANCY.

Concerning the question of diet during pregnancy Miss Nancy E. Cadmus, R.N., writes in the *American Journal of Nursing*: No set rule is possible for normal cases, and when not normal a physician should direct the diet. A careful consultation of the best authorities on obstetrics furnishes good ground for the following suggestions: Where the nurse (and this applies equally to the midwife) is depended upon to advise in the matter of diet she should first acquaint herself with any physiological idiosyncrasies and the likes and dislikes for food stuffs of her patient. Her digestive ability should also be well understood. In any case nothing but a moderate amount of meat should be eaten, and so far as the heavy meats are concerned, once a day is quite sufficient. Give eggs, milk, fresh fish, fresh fruits, fresh vegetables, chicken and other fowl, plenty of water. Tea and coffee may be taken in limited quantities if the patient finds it too great a denial to forego them.

A broad rule, but nevertheless rather a good one, is to encourage the patient to select the things she enjoys and which are, in her case, readily digested. If she has a decided tendency toward the accumulating of too much adipose, restrict the quantity, excepting the meats, as mentioned above, rather than variety and a reasonable enjoyment of her diet.

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## EDITORIAL.

### THE COMPENSATIONS OF NURSING.

It is admitted by all who have acquaintance with the subject that the work of the trained nurse is extremely arduous and responsible, and that in relation to its responsibility it is as a rule very underpaid, yet still nursing attracts numerous applicants for admission to the training schools. What then are the advantages which it offers in competition with those afforded by the many openings which now present themselves to girls who desire to decide upon a career?

In the first place there is the live human interest, often, no doubt, prompted at first by ill-informed sentiment which, however, in the woman with a true vocation quickly gives place to tenderness reinforced by strength, as a knowledge of the suffering borne by humanity with so much fortitude, urges itself upon her attention, and braces her to equip herself, as perfectly as she may, to aid the sufferer in his struggle with the forces of disease, or to ease the journey through the valley of the shadow of death. Who that has experienced the thrill of satisfaction felt when a patient has been rescued from death itself after constant watching and careful nursing, would exchange her profession for that of any other woman worker? An eight hours working day is not for her. It may be that at times of special urgency she works continuously for 24 hours at a stretch, yet when she compares the live interest of a critical case, with the monotony of going up and down the scale of a type-writer, she would not change places with the typist, or clerical worker, for any monetary consideration whatsoever.

Then comes the scientific interest which year by year increases, as it becomes evident that, if a nurse is to perform her

duties aright, she must be acquainted not only with the rudiments of anatomy, physiology, hygiene, and domestic economy, but with such subjects as materia medica, dietetics, bacteriology, sterilization and disinfection. The joy of acquiring knowledge, to be put subsequently to a practical use, need not be enlarged upon to the true student.

And that practical use is never better realized than when we are summoned to the bedside of those near and dear to us, and we realize that the knowledge gained in the class room, and at the bedside of many sick persons, has armed us for the fight in the struggle for lives most precious to us. We take our place in the sick room, not only by the right of kinship, but by right of knowledge, and the laborious days and nights which we have spent in becoming skilful and efficient in those services for which the sick are dependant upon trained nurses seem time well spent indeed.

It is a keen delight not only to render these services, but to know that those whom we love like to receive them at our hands, that they repose confidence in us, and that it is an alleviation of the tedium of their illness, the severity of their pain, that we are at hand to carry out the treatment which has been prescribed. Those nurses who have experienced this poignant pleasure know well that for no consideration would they have missed the satisfaction and comfort it afforded them.

Nursing is a stern and exacting task-mistress, but to those who serve her aright she extends many gifts which more than compensate those whose allegiance she owns for the hard terms she imposes. Nurses are admittedly one of the happiest, if not the happiest class of the community. Their happiness is found not in the conditions of their work, but in the satisfaction which its accomplishment holds for them.

## MEDICAL MATTERS.

### ON THE TREATMENT OF SYPHILIS.

Mr. D'Arcy Power, F.R.C.S., in the course of an address delivered at the opening of the discussion on syphilis at the Royal Society of Medicine, gave the following interesting description of the technique observed in the administration of salvarsan, which he considers most useful when used as an adjuvant to mercury, and never by itself or in place of mercury. So used he thinks highly of it as a remedy for syphilitic manifestations. He said:—

#### TECHNIQUE.

"The routine of our technique for administering salvarsan has always been the same. It has been given by intravenous injection, and the patient has been kept in bed for twelve or fourteen hours previously. The skin has been prepared by sterilising it with a 2½ per cent. solution of iodine in rectified spirit. The veins are rendered prominent by the application of a fillet, and when the veins at the bend of the elbow have been used the patient has been made to grasp a ruler or a staff, as in the days of blood-letting. The needle used is that recommended by Mr. J. E. R. McDonagh, which is bevelled to a point on the upper surface instead of beneath, as is usual, and it is provided with a slightly concave plate of metal to allow it to rest more securely on the skin—two small modifications which make the operation of puncture of the vein much easier. It is unnecessary to give either a local or a general anæsthetic when the veins can be made prominent, as is usually the case. A skin incision is unnecessary, and with a well-directed and sharp needle the pain is momentary and infinitesimal. The syringe and needle are filled with freshly prepared and sterilized salt solution and the vein is punctured obliquely upwards. The fillet is then relaxed, and the contents of the syringe are emptied into the vein. This will show whether the vein has been fairly entered, for if it has been missed or transfixed the salt solution will form a bulla owing to the extravasation of fluid into the surrounding tissues. If the salt solution enters the vein freely the syringe is filled with salvarsan solution, which is then injected by syringe-fuls at a time until the whole pint has been introduced. When all the salvarsan solution has been introduced a syringe-ful of salt solution is injected to wash out the needle and to free the tissues from any salvarsan which might be adherent to them. Both the salvarsan and the salt solution are kept at a

temperature of 105 degrees F. The needle is then withdrawn, a pad and bandage is applied over the prick, the arm is kept in a sling for a few hours, and the patient is allowed to get up when he feels inclined to do so. The salvarsan solution is made by dissolving 0.6 gram of salvarsan in a pint of sterilized salt solution made from freshly prepared distilled water. The solution is neutralized or rendered faintly alkaline by the addition of a 1 per cent. solution of sodium hydrate. It is necessary to have everything sterile, and it adds greatly to the ease of the operation if the rubber junctions connected with the three-way tap of the syringe are made of such thick rubber with so small a bore as to make it difficult to fit it on to the tap, because the ordinary thin rubber tubing is apt to slip off or become flattened if it kinks whilst suction is being made. When the needle is once fairly introduced care must be taken that it does not slip out of the vein. It is therefore handed over to the sole care of the patient if he is competent to look after it, or, if he is nervous, it must be given in charge of a nurse. If the needle slips out, or if the vein is not punctured fairly at the beginning of the operation, it is much better to employ another vein than to attempt any rectification in the one first chosen."

#### COMBINED TREATMENT.

Mr. D'Arcy Power said further:—

"What is the best treatment for syphilis in the present state of our knowledge of the disease? Taking, for the sake of example, the case of a surgeon or of a nurse who is inoculated in the course of professional duty, the wound should be well washed under running water, like a wound obtained in the *post-mortem* room. It should then be dried and covered with an ointment consisting of 10 grams of calomel in 30 grams of lanoline. This mercurial ointment should be gently rubbed into the wound for five minutes, and a dose of salvarsan (0.6 gram) should be given intravenously. The prophylactic action of the mercurial ointment appears to end—at any rate experimentally—within twenty-four hours of inoculation; the salvarsan is said to be serviceable in checking the generalization of the disease even when the seat of inoculation has become characteristically indurated and the lymphatic glands are enlarged. The fact, however, that the lymphatic glands do not return wholly to their natural condition after the administration of salvarsan in early syphilis rather inclines me to distrust the drug as a sole remedy, and should lead one to give mercury in some form or another as soon as possible."



## OUR PRIZE COMPETITION.

### DESCRIBE THE METHODS OF APPLYING DRY CUPPING AND WET CUPPING.

We have pleasure in awarding the prize this week to Miss L. Nunnerley, Registered Nurses' Society, 431, Oxford Street, London, W.

#### PRIZE PAPER.

Prepare a table with cupping glasses of various sizes, blotting-paper, or a piece of cotton-wool on a stick, spirits of wine, scarifier, a little oil, dry sterilized dressing, and towel. Place the scarifier in alcohol.

*Dry Cupping.*—The air is exhausted from the cupping glasses by either of the following methods: (1) Place a piece of blotting-paper, wetted with a few drops of spirits of wine, in the bottom of the glass, and then ignite; or (2) put a few drops of spirits of wine in the glass, and swirl it round until the inside is moist to the brim; then take the stick with a plug of cotton-wool dipped in the spirit, light, and pass quickly round the glass; this will produce a momentary flame. Smear the edge with a little oil, and apply immediately to the selected spot—generally the nape of the neck, or, in kidney disease, on the loins. The skin should now swell up in the glass. To remove, raise the edge with the tip of the finger nail. To avoid the cupping glasses breaking it is well to warm them first.

*Wet Cupping.*—The skin of the selected spot should be thoroughly cleansed, and compressed, or painted with iodine, and the glass applied as above. It is then removed, and several minute cuts produced by means of a scarifier. The air is again exhausted from the glass and re-applied, when a steady flow of blood fills the glass, which should be taken away, and the incisions dressed with a sterilized dressing.

Some doctors prefer to make the incisions first, and only apply the cupping glass once, thereby saving extra pain to the patient.

It cannot be too strongly emphasised that this procedure must be carried out under the strictest antiseptic precautions.

#### HONOURABLE MENTION.

The following competitors receive honourable mention: Miss E. Jenkins, Miss S. Simpson, Miss M. Punchard, Miss Macfarlane, Miss Flanagan, Miss G. Nash, and Miss Ellis. Miss Simpson writes:—

*Dry Cupping.*—A set of cupping glasses will be required; in a private house small wine-glasses will answer as well. Wash and thoroughly dry the part to be cupped.

Pour into the bottom of the glass a small amount of methylated spirit, wash round with

a piece of lint or wool on the end of a probe, put vaseline round the rim, apply a light to the spirit, and quickly turn on to the part prepared; leave on for ten minutes. Four or five glasses may be applied at a time.

Fomentations may be ordered, so that the dilatation may be kept up.

*Wet Cupping* is usually done by the doctor, who may use a scarificator or scalpel. Have the part to be cupped made surgically clean, and dressings to hand. After the incisions have been made proceed the same as for dry cupping. The amount of fluid drawn off should be carefully measured. A gauze dressing may be applied.

Miss M. Punchard considers that the most important point to remember is oiling the edges of the cupping glasses to prevent burning of the skin, otherwise a troublesome blister may be caused.

#### QUESTION FOR NEXT WEEK.

Describe the different ways in which drugs may be introduced into the system.

## NOTES ON INFANT CONSULTATIONS AND SCHOOLS FOR MOTHERS.

The following interesting notes are those of a paper presented by Dr. Janet Lane-Clayton to the Health Committee of the National Union of Women Workers of Great Britain and Ireland.

Infant Consultations should be the central point of a School for Mothers. It is advisable for every Infant Consultation to have a School for Mothers attached, and no School for Mothers is complete without an Infant Consultation.

The *staff* of an Infant Consultation should consist of a Medical Officer and Health Visitors. The Medical Officer should, if possible, be salaried. The Health Visitors can be either voluntary or paid, but the really important point is that they should have been trained in the work they are to do. It is a fatal mistake to imagine that any willing worker can carry out the work of a Health Visitor. More harm than good may be done. If it is difficult to obtain other help than voluntary, then the Infant Consultation should be used as a preliminary training ground, and lectures can with advantage be given by the medical officer. In any case, the Infant Consultation forms an admirable training ground for Health Visitors, even if they have already had some training. One further disadvantage of voluntary visitors as a whole is that they frequently want to go away in the summer time at the same time, and the work usually done by them remains undone at the most crucial season of the year.

The duties of the medical officer are to personally see all the children who are brought up to the

Consultation, at suitable intervals, which will depend upon the age and health of the child. The Association of Infant Consultation and Schools for Mothers considers that every infant attending the Consultation should come up *at least once* a month whilst under six months of age.

The Medical Officer prescribes the feeding of the child, and supervises the details of health, clothing, &c. Infant Consultations are thus powerful agencies for the promotion of breast-feeding and for the prevention of disorders of nutrition. They are essentially *preventive*, and not directly curative. There is some difference of practice in the different consultations in respect of the simple forms of aperient medicines, and such substances as Virol, which are in some cases sold to the mothers if they are prescribed by the Medical Officer, but no treatment other than these simple (and in themselves almost preventive) measures are carried out at the Consultation, cases of bronchitis, diarrhoea, &c., being referred to the local practitioner or hospital. The child can, however, frequently continue to attend the Consultation for weighing and directions as to feeding, if this be arranged by the Medical Officer. Exact details on these points must usually be determined by the conditions obtaining in each locality.

The Health Visitors should attend at the Consultation, and be present when the instructions are given as to the mothers and infants whom they visit. They subsequently visit the homes and see that the instructions given at the Consultation are being carried out. They can also evidently do good work in advising the mothers as to fresh air, cleanliness, &c., and many other points not directly bearing upon the infant alone. It is quite easy to arrange that the mother shall have a card with the instructions given at the Consultation written upon it, so that the Health Visitor can refer to it at her visit.

The Consultation is held at least once a week, and the infants, on arrival, are undressed and then weighed by the Health Visitor. It is very important that the weighing should be accurately carried out, and for this purpose a reliable balance is necessary. So much is talked about the weighing of babies that it would sometimes appear that it was imagined there was some virtue in the mere weighing of the child. This, of course, is not the case, it is of value only as an indication as to the progress which is being made by the child. Unless this is correctly known it is of little or no value. Notes are kept of the infant's condition, the feeding, as to frequency, quantity, and so on. The condition of the bowels, the skin, whether clean or otherwise, the presence of a rash, the eruption of teeth, &c. It is advisable that the health visitor should learn to enter these notes as far as possible, but they should afterwards be checked by the medical officer, who adds any further points which may be necessary. Some medical officers prefer their own leaflets, but the Association of Infant Consultations and Schools for Mothers now issues case-sheets, with space

for all these matters, and also for the insertion of notes as to the health of the parents, the number of other children, the rooms occupied by the family, &c. By this means it is hoped to get some reliable statistics as to the length of breast-feeding the percentage of breast-fed babies, the incidents of minor troubles, rickets, &c., as the affiliated societies are sending up their returns to the central organisation, where they will be analysed.

A *test-feed*, which should be given only by direction of the medical officer, gives the amount of milk taken by the child at a breast-feed and is of very great value for indication as to continuation of breast-feeding or not. Frequently the mother fancies that she has not enough milk and wants to wean the child, when a test-feed satisfies both her and the medical officer that it is not the case. Test-feeds are of no value at all unless they are carried out with great accuracy, and the balance should weigh correctly to  $\frac{1}{4}$ -oz., or even to a drachm.

The child is then sent through undressed to the medical officer who prescribes the feeding and deals with other matters requiring attention. One of these very frequently occurs in the clothing of the infant, and the ignorance of the mother as to her own food and hygiene is often found to be very marked. And here the Schools for Mothers come to the help of the infant and mother.

Schools for mothers have classes for teaching the mothers how to make the clothes for the babies, and in many cases for the older children as well; how to alter and repair, to cut out; further, how to cook wholesome dishes, &c. Classes may be taken by the medical officer on the general care and hygiene of the infant and young child, which supplement the instruction given at the Consultation.

It is desirable that the mothers should be encouraged to bring up their children who are still under School Age for occasional inspection by the medical officer. There is no reason why children of one year old should be left without supervision until they are of school age.

The Board of Education is, it is believed, prepared to recognise Schools for Mothers as educational centres, and will, it is hoped, give grants for the attendance at the classes. Infant Consultations will probably not be reckoned as centres of instruction owing to the fact that as a rule it has been found to be preferable to have the mothers sent in to the medical officer separately, so that it cannot reckon as a class. It is advisable that Schools for Mothers should not be looked upon as institutions for the distribution of charity, but as centres of instruction and assistance other than financial.

Mrs. Mary Ferguson, Matron of the Bain Hospital, Leven, has been awarded £15 damages for slander, with expenses on the lower scale, in an action in which she sued Mr. Alex. M. Duncan, of the Cottage Hospital, Leven. The slander complained of was that the defender stated that the pursuer, formerly Matron of the Cottage Hospital, had left it "in a dirty, filthy mess," and attacked her personally as a "lazy, dirty woman."



## A REGISTRATION "AT HOME."

By invitation of Lady Helen Munro-Ferguson a number of Matrons and Members of Parliament met to discuss the question of State Registration of Trained Nurses at 46, Cadogan Square, S.W., on the afternoon of Friday, June 21st. A most hospitable tea was served in the dining-room, after which the meeting was held in the beautiful drawing-room, bright with orange poppies and mauve irises.

Lady Helen introduced the speakers, pointing out how very important it was to the public that their nurses should be skilful and trustworthy. The subject was of special importance just now, when Insurance Committees had the power to subsidize nurses, as for some occult reason partially trained women were not unfrequently considered fitting for the poor.

Miss E. M. Musson.

The first speaker was Miss E. M. Musson, Matron of the General Hospital, Birmingham, who spoke on the educational side of the Registration question. She pointed out that a nurse is not always to be blamed for her shortcomings; often the fault lies with the manner of her training. Every hospital establishes a training school for nurses; it is the cheapest, and at the present the only way of getting the work done. The real recompense for her arduous work is supposed to be the teaching and training she will receive during the term of her contract, and the certificate which will be awarded at its termination.

Hospital Committees are now usually alive to the necessity of boarding and lodging their nurses respectably, though not too liberally always, but with regard to the teaching their part of the contract is often quite ignored. Some arrange for regular teaching by properly qualified Matrons and Sisters and members of the medical staff; in others the committee take no steps to insure that the pupils receive any instruction, and it is greatly to the credit of the medical profession that in many hospitals lectures are given voluntarily by members of the medical staff. Miss Musson quoted a remark of Dr. Rendle Harris to medical students at Birmingham University as applicable to the education of nurses: "The real fault that needs to be remedied is the lack of standard of comparison between an increasing crowd of diverse institutions ostensibly engaged in turning out the same product," and again, "The examination system, though much abused, is of incredible value—it detects the good teacher as surely as it detects the good scholar." Hospital Committees, lecturers, Matrons and Sisters would all be more interested in teaching their nurses were there a definite standard to which they must attain, as the nursing of the hospital must depend upon the success of their nursing school.

Miss Sidney Browne, R.R.C.

Miss Sidney Browne claimed that the measures which the Government considers to be necessary for the protection of its own servants should also be considered necessary for the general public. For years it has been laid down by an Army Order (A.O. 1st April, 1897) that no nurse can join the Army unless she has had three years' training and service in a hospital or large infirmary. If part of this time is spent in private nursing she is not eligible. This hospital or infirmary must be a Training School approved by the Nursing Board or the Territorial Force Nursing Service Advisory Council. This rule applies to all nurses serving under the Government, and forms a kind of legal Registration Act for the Services.

Hundreds of certificated nurses who apply are not qualified, or considered fit to nurse our soldiers. These unqualified nurses generally drift into various nursing institutions who take what nurses they can obtain for small salaries and charge high fees for their services.

If any Member of Parliament is seriously ill, or any of his family, he sends to an Institution for a nurse . . . no one enquires if she is a properly trained nurse or not; there is no way of knowing except by making her produce her certificate, which is never done, and if it were done it would be impossible for anyone not an expert to gauge the worth of the certificate. Thus a Member of Parliament might easily put his life or the lives of those dear to him into the hands of a nurse who had been rejected as unfit to nurse our soldiers.

There is, said Miss Browne, no law preventing a nurse calling herself a trained nurse when she is not trained, and there is no law preventing any hospital or Union Infirmary giving a nurse a certificate certifying that she is a trained nurse when in no sense of the word has she been properly trained.

Miss Browne then gave some concrete instances, and concluded by saying that it requires at least three years before a nurse becomes efficient, and it is really much more important that a proper standard of training and education should be legally recognised for nurses than it is for any other class of expert workers, as often it is a matter of life and death to the patient.

Miss BEATRICE KENT.

Miss Beatrice Kent described the arguments for State Registration of Nurses as sound, strong, and sane. She spoke on the economic aspect of the question, and the injustice to thoroughly qualified nurses of competing with women masquerading in a bonnet and cloak; of nurses ill paid and sweated taking to drink and drugs, of others who die in the workhouse or commit suicide; and pleaded for legislative reform.

Miss H. L. PEARSE.

Miss H. L. Pearse, Superintendent of Nurses under the London County Council, spoke of the development and growing importance of the work of nurses under the London County Council, the Infant Life Protection Act, and the Insurance



Act, yet no standard of efficiency is required. She showed that the emergencies with which school nurses are confronted necessitate a high standard of training and knowledge. At present the qualifications covered by certificates have to be largely taken on trust. The establishment of a State Register which would give a guarantee that the nurse registered had passed through a prescribed curriculum would be an enormous advantage.

Discussion was then invited, and several Members of Parliament asked questions, which were replied to by Mrs. Bedford Fenwick, the points discussed being the composition of the Registration Board, the registration of specialists, and the difficulty of registering the personal character and qualities of the nurse. Mrs. Fenwick showed that a pupil is required to produce references on entering a training school, and is under close observance during the years of her training. There is no reason to suppose that these trained and tested women will deteriorate after registration, but in all professions there are some black sheep, and under a State system of Registration means would be provided to remove them from their professional Register in cases of gross misconduct. The system would also perfect the chain of safety for the sick provided by the registration of medical practitioners and of pharmacists. Mrs. Fenwick pointed out that to limit a nurse's training to special work only is unfair to her. All should have a foundation of general training, but it is probable that under a Nurses' Registration Act several curricula qualifying for registration will be defined, including general and alternative special training, such as infectious or maternity nursing. It seems likely that reciprocal training between the general and special hospitals will have to be adopted in the future, as the specialities, especially the infectious group, are now being eliminated from the general hospitals. This co-ordination of the various interests can, however, only be brought about by a Central Council, having the authority of the State.

Miss Waind and Miss Kingsford also took part in the discussion, and Lady Helen Munro-Ferguson said she felt quite competent to find out whether her nurse had tact and other desirable qualities. What she desired guaranteed to her was professional skill and knowledge.

Votes of thanks to the speakers, and to Mr. R. C. and Lady Helen Munro-Ferguson for so kindly arranging the meeting, concluded the proceedings.

In addition to the many Members of Parliament present Lady Helen received very warm messages of regret at absence from a great number.

## THE SOCIETY FOR STATE REGISTRATION OF TRAINED NURSES.

### NEW MEMBERS.

The following new members were elected at the Annual Meeting on June 7th:—

No.	Name.	Where Trained.
3119.	Miss E. M. Warneford, cert.	Warneford Hosp., Leamington.
3120.	Miss A. Dobie, cert.	Chorlton Union Inf., Manchester.
3121.	Miss E. J. Cauty, cert.	Northern Hosp., Liverpool.
3122.	Miss E. M. Thomas, cert.	County Hosp., Durham. <i>Matron</i> , Peterborough Isolation Hosp.
3123.	Miss I. M. Cole, cert.	Roy. Hants County Hosp., Winchester.
3124.	Miss M. Harvey, cert.	Leicester Inf.
3125.	Miss L. A. Wade, cert.	Norfolk and Norwich General Hospital.
3126.	Miss R. H. Newlands, cert.	Roy. Inf., Newcastle-on-Tyne.
3127.	Miss S. E. P. Tucker, cert.	St. Giles' Inf., Camberwell.
3128.	Miss M. E. Hirst, cert.	London Homœo. Hosp.
3129.	Miss A. du Sautoy, cert.	Guy's Hosp.
3130.	Miss S. H. Mitchell, cert.	Roy. Inf., Edinburgh.
3131.	Miss C. E. Jennings, cert.	General Inf., Chester.
3132.	Miss C. M. Gordon, cert.	Cumberland Inf., Carlisle.
3133.	Miss E. Bradley, cert.	David Lewis Northern Hosp.
3134.	Miss B. M. Goldsmith, cert.	St. Barthol.'s Hosp., London.
3135.	Miss M. Acton, cert.	St. Barthol.'s Hosp., Rochester.
3136.	Miss C. Allen, cert.	Hackney Inf., Homerton.
3137.	Miss M. McNelis, cert.	St. Luke's Hosp., Halifax.
3138.	Miss A. C. Middleton, cert.	Kensington Inf.
3139.	Miss B. S. Garner, cert.	Essex County, Hosp., Colchester.
3140.	Miss M. E. Sands, cert.	Hope Hosp., Manchester.
3141.	Miss R. E. Dible, cert.	Southwark Inf.
3142.	Miss E. L. Barwise, cert.	Warneford Hosp., Leamington.
3143.	Miss R. M. Morris, cert.	Birmingham Inf.
3144.	Miss A. Farmer, cert.	Holborn Infirmary, Highgate.
3145.	Miss L. S. Kelly, cert.	Belfast Inf.
3146.	Miss S. McCay, cert.	City of Dublin Nursing Inst.
3147.	Miss C. L. Willoughby, cert.	Lewisham Inf.
3148.	Miss E. M. Edwards, cert.	Cent. London Sick Asylum, Hendon.
3149.	Miss A. Dovey, cert.	Roy. Berkshire Hosp., Reading.
3150.	Miss K. Armstrong, cert.	Cent. London Sick Asylum, Hendon.

3151. Miss A. J. Baldwin, cert. St. Mary's Hosp., Paddington.  
 3152. Miss Jessie Perkins, cert. St. Pancras Inf.  
 3153. Miss H. Wingfield, cert. Inf., Kingston-on-Thames.  
 3154. Miss E. Sears, ditto.  
 3155. Miss A. D. Cullen, cert. Western Inf., Glasgow.  
 3156. Miss I. M. Moore, cert. David Lewis Northern Hosp., Liverpool.  
 3157. Miss M. A. Dyer, cert. Royal Free Hosp.  
 3158. Miss E. I. Bryan, cert. Middlesex Hosp.  
 3159. Miss A. Daniels, cert. Salford Union Inf.  
 3160. Miss L. Luxton-Manning, cert. Bethnal Green Inf.  
 3161. Miss R. J. Bale, cert. Lambeth Inf.  
 3162. Miss Bessie Powell-Jenkins, cert. Derbyshire Roy. Inf.  
 3163. Miss N. Smith, cert. Roy. Devon and Exeter Hosp.  
 3164. Miss A. Robson, cert. North Riding Inf., Middlesbrough-on-Tees. *Matron*, General Hosp., Walthamstow.  
 3165. Miss S. Wharry, cert. St. Barthol.'s Hosp., London.  
 3166. Miss E. J. Burke, cert. Roy. Free Hosp.  
 3167. Miss A. E. Palmer, cert. Mile End Inf.  
 3168. Miss L. Heath, cert. St. Barthol.'s Hosp., London.  
 3169. Miss A. Scholes, cert. Hope Hosp., Manchester.  
 3170. Miss G. Notman, cert. St. Barthol.'s Hosp., London.  
 3171. Miss N. Constable, ditto.  
 3172. Miss C. S. Elwell, ditto.  
 3173. Miss E. Stephenson Jellie, ditto.  
 3174. Miss Muriel Withers, ditto.  
 3175. Miss R. L. Chapman, ditto.  
 3176. Miss C. Seager, cert. Lambeth Inf.  
 3177. Miss M. E. Wynne, cert. Inf., Kingston-on-Thames.  
 3178. Miss P. Davies, cert. St. Luke's Hosp., Halifax.  
 3179. Miss A. T. O'Doherty, cert. Guest Hosp., Dudley.  
 3180. Miss W. Ray, cert. Inf., Kingston-on-Thames.  
 3181. Miss C. Macpherson, ditto.  
 3182. Miss G. M. Girdler, cert. General Hosp., Northampton.  
 3183. Miss G. Lord, cert. General Hosp., Birmingham.  
 3184. Miss M. Anderson, cert. St. Barthol.'s Hosp., London. *Matron*, East End Mothers' Home.  
 3185. E. Hanan, cert. Meath Hosp., Dublin.

#### CARAVAN LECTURES.

Miss Gladys Tatham, whose excellent articles are often inserted in this journal, has been appointed as Lecturer by the Women's Imperial Health Association on their Caravan, which will tour in Sussex and Surrey during the months of July, August and September. This is found to be most healthy and enjoyable work in fine weather.

#### THE INTERNATIONAL COUNCIL OF NURSES.

According to the Constitution of the International Council of Nurses, the wise regulation stands that no one, however able, is eligible for a second consecutive term of Presidential power. So far a President has been selected of the nationality of the country where the next meeting of the Council will take place. Thus one of the most important votes of the international delegates must be given at Cologne for a President for the next triennial period. Our Council was founded in London in 1899—our meetings in the past have been held in Berlin, 1904, and in London in 1909, with interim Conferences at Buffalo in 1901 and Paris in 1907. In 1909 the Constitution was altered providing for a triennial period of office instead of a quinquennial term—so that there is now no need for interim Conferences. The International Council was for the first quinquennial composed by the affiliation of the nurses of Great Britain and Ireland, the United States of America, and Germany; Canada, Holland, Finland, and Denmark entering the confederation in 1909. Mrs. Bedford Fenwick (British) the founder, held office as President for the first term, Miss McGahey (Australia) for the following term, and Fraulein Agnes Karll (German) for the last. It is now universally agreed that an American woman should be our next chief officer—and it has been notified to the Executive that the Americans will offer us at Cologne the hospitality of the nurses of the Pacific Coast States—so that the International Council of Nurses may participate in the splendid Congresses organized at San Francisco in 1915, to celebrate by a magnificent Exhibition the opening of the Panama Canal.

We feel sure international nurses will want to accept this fascinating invitation, and in doing so to elect a well-known nurse on the Pacific slope as President and organizer of the 1915 Congress.

The international officers have been in communication with the Executive of Californian nursing organizations, and Miss L. L. Dock, the Hon. Secretary, has received the following suggestion and writes as follows:—

The woman who is regarded by our big Pacific Coast as the woman in every way deserving of honour, is Dr. Helen Criswell, a nurse graduate of San Francisco. Always loyal and closely allied with nursing interests and organisations, she has been active and prominent in all the work for State Registration and for women's enfranchisement. She is a charming woman, and will hold the position of presiding officer and

President of the International, if elected, as acceptably and graciously as anyone in the American Nurses' Association.

Myself, I feel that our immense Pacific Coast, lying as it does half-way between the Orient and Western world, and being a land of woman enfranchisement, with nurses of magnificent spirit, enterprise and accomplishment, who just happen to be less known to international members because they are so far away, should be recognised as deserving the coming Presidency of our International Council, especially if the members elect to accept the invitation to meet in California in 1915."

Dr. Helen Criswell is both a nurse and medical graduate whose fame is by no means confined to the Western States of the Union. Her reputation throughout America stands for courageous public work not only for nurses, but for her sex and the community. This is the sort of record calculated to inspire confidence in a leader.

### THE COLOGNE PAGEANT.

The Hon. Secretary of the National Council of Nurses, 431, Oxford Street, London, W., will be obliged if members who are prepared to take part in the Historical Procession in costume in the Nursing Pageant at Cologne, on the evening of August 4th, will communicate with her on the matter at once, so that a full list may be sent to Berlin by July 4th.

Miss Take Hagiwara has been invited to impersonate the great Japanese Empress in the Pageant who nursed lepers 1,000 years ago. No figure will be more interesting in the whole Procession.

### THE TRAINED WOMEN NURSES' FRIENDLY SOCIETY.

Miss Mollett has been in London during the past week, being fully occupied with work in connection with the Trained Women Nurses' Friendly Society. A large number of enquiries and applications are being received daily, and there appears no reason why the movement should not be thoroughly successful if trained nurses give sufficient support.

At the meeting of the Provisional Committee last week Miss Amy Hughes retired upon the nomination of a list of officers and others to form a permanent committee—should the Society be approved by the Insurance Commissioners. Mr. D. F. Pennant, Hon. Secretary

of Queen Victoria's Jubilee Institute for Nurses, has become one of the three Trustees for the Pension Fund Insurance Scheme "for Nurses," which insures persons in attendance on the sick "whether trained or untrained," and which therefore does not appear to have any particular *raison d'être* as far as professional nurses are concerned.

### NURSES' REGISTRATION IN THE HOUSE OF COMMONS.

Dr. Chapple gave notice in the House of Commons, on Tuesday, that he would ask the following question on Wednesday. Unfortunately we shall have gone to press before the Prime Minister gives his reply; so nurses must look out for it in the daily papers:

Dr. Chapple.—To ask the Prime Minister, whether his attention has been called to the fact that the Nurses' Registration Bill is now supported by the British Medical Association, the Matrons' Council of Great Britain and Ireland, the Royal British Nurses' Association, the Society for the State Registration of Trained Nurses, the Fever Nurses Association, the Scottish Nurses' Association, the Association for the Promotion of Registration of Nurses in Scotland, and the Irish Nurses' Association, and that Acts providing for the State registration of nurses have been passed in South Africa, in Queensland, in New Zealand, in Ontario, in 34 of the states in the American Union, in Germany, and in Belgium; and whether, in view of the necessity for the protection of the sick from unqualified nursing which assumes to be qualified, he will give facilities for the passage of the Bill already passed by the House of Lords or some other.

### SURGICAL OUTFITS FOR PRIVATE CASES.

Miss Hephzibah Walker, Superintendent of the South Kensington Trained Nurses' Co-operation, 41, Alfred Place West, S.W., was at home on Tuesday afternoon last, not only to her own nurses, but to a number of professional visitors, who gladly availed themselves of the opportunity to see the very complete arrangements she has made for equipping the members of her staff summoned to operation cases with all the necessary appliances, dressings and nursing requisites at the shortest notice.

First, Miss Walker has installed in a room specially built for the purpose a steriliser capable of sterilising everything required for a major operation by high pressure saturated steam at a temperature of 250 degs. F., with 15 lb. pressure



to the square inch. She also keeps complete outfits for aseptic operations on hire for from one to three guineas, according to the things supplied.

The first basket contains steriliser for bowls, bottles for lotions, and jugs with cover. The



THE "BEULAH" FRAME FOR SURGICAL MASK IN USE.

second, instrument steriliser, bowls, jugs, drugget for floor, antiseptics, &c. The third, air-tight drums with sterilised dressings, &c. Besides these the nurse takes a folding operation table, folding side tables of Miss Walker's design, and anything else the surgeon may need. The



THE "BEULAH" MASK FRAME.

surgical department is under the charge of a surgical nurse who can, when required, accompany the outfit and stay for the time of the operation.

The accompanying illustrations of the "Beulah" Frame for a Surgical Mask, designed by Miss

Walker, will be of interest to many of our readers. The frame is made with an inner layer of metal (non-corrosive) on which gauze is placed, and secured by a small clasp. It may be had in two designs, one to fit over the ears, the other with adjustable circle wire for the head. After numerous clinical tests it is found that the desirable thickness of gauze to be used is four layers. Two thicknesses are, therefore, taken, the frame opened, the gauze doubled upon it, slightly full over the nose, and a tape quickly threaded through the free ends with a probe, so that when the mask is in position it can be tied snugly round the neck. The frames are supplied by Messrs. Allen & Hanburys, Wigmore Street, London, W., price 4s. 6d. and 7s. 6d. each, and should meet a real need. One advantage is that spectacles can be worn with them without inconvenience.

Miss Walker has recently adopted for the use of her nurses a handkerchief cap somewhat after the army pattern, with the pretty badge of the Co-operation embroidered in one corner in blue.

## PRACTICAL POINTS.

### Drug Eruptions.

A number of drugs in common use (says the *Medical Standard*) produce a characteristic eruption, and these should always have careful scrutiny by the physician, lest they be mistaken as an original disease.

Here is a list of commonly used drugs which at times produce eruptions, itching, eczema and other manifestations:

Bromide of potassium: Papules, pustules, ulcers, echymoses and pemphigus.

Chloral: Erythema, itching, desquamation, eczema and petechia.

Copaiba and cubeb: Pemphigus, erythema and eczema.

Aconite: Vesicular exanthemata.

Arsenic: Erythema, papules, vesicles and sometimes pustules.

Iodide of potassium: About the same as arsenic, but more marked.

Mercury: Erythema and eczema.

Morphine: Erythema, papular eruption and sometimes desquamation.

Phosphorus: Purpura.

Quinine: Erythema, eczema, hemorrhagic purpura, pemphigus, and sometimes a typical urticaria with dyspnea.

Rhus toxicodendron: Vesicles, pruritus, redness and swelling of the skin.

Salicylic acid: Purpura, pemphigus and vesicular angina.

Santonin: Vesicles and pemphigus.

Belladonna, strychnine and stramonium may produce about the same dermal manifestations as quinine; while turpentine produces an eruption like that of copaiba.

## APPOINTMENTS.

### MATRON.

**Cottage Hospital, Finchley.**—Miss M. E. Torry has been appointed Matron. She was trained at the York County Hospital, and has held the position of Sister of Male Medical and Surgical Wards at the Royal Hants County Hospital, Winchester.

**Victoria Hospital, Richmond, Yorkshire.**—Miss A. M. Macer has been appointed Matron. She was trained at the Royal Hospital, Sheffield, and was subsequently Sister in the Out-Patient Department in the same Hospital, and recently Sister at the Victoria Hospital, Richmond.

### NIGHT SISTER.

**Wakefield Union Infirmary.**—Miss Gladys M. Morgan has been appointed Night Sister. She was trained at the Royal Infirmary, Bradford, and has held the position of Charge Nurse at the Fever Hospital, Bucknall, Stoke-on-Trent, and has had experience of private nursing.

### SUPERINTENDENT NURSE.

**Workhouse Infirmary, Pontypridd.**—Miss S. A. Thomas has been appointed Superintendent Nurse. She was trained at St. George's Infirmary, Fulham, S.W., where she has held the position of Sister. She has also held a similar position at the Stow Hill Infirmary, Newport, Monmouthshire, and has had experience in private nursing.

### CHARGE SISTER.

**Isolation Hospital, Crewe.**—Miss Jessie Wilson has been appointed Charge Sister. She was trained at Shirley Warren Infirmary, Southampton, and the Isolation Hospital, Hertford, and has held the position of Charge Nurse at the Isolation Hospital, Waltham Abbey, of Sister at the Isolation Hospital, Tolworth, and of Charge Nurse at Milton and Belvoir Isolation Hospital.

### SISTER.

**Salop Infirmary, Shrewsbury.**—Miss M. E. Moore has been appointed Sister. She was trained at the Royal Southern Hospital, Liverpool, and has held the position of Ward and Theatre Sister at the General Infirmary, Burton-on-Trent, and of Theatre Sister at the Salop Infirmary, Shrewsbury. She is a certified midwife.

**The Infirmary and Dispensary, Bolton.**—Miss Florence A. Sawyer has been appointed Sister. She was trained at the Royal Hospital, Salford, and has held the position of Sister at the Northern Hospital, Manchester.

### QUEEN ALEXANDRA'S IMPERIAL MILITARY NURSING SERVICE.

The following Staff Nurses are confirmed in their appointments, their periods of provisional service having expired:—Miss Margaret Hale, Miss Bertha E. Smith, Miss Ellen Bulfin.

### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES.

*Transfers and Appointments.*—Mrs. Bradshaw is appointed to Withnell; Miss Katie Moore-Carrier to Peterborough; Miss Mary Gee to Ashton-under-Lyne; Miss Phoebe Hughes to Netherton; Miss Bridget Thomas to Merthyr.

### EXAMINATIONS.

The Infirmary Visiting Committee recently submitted to the Southwark Guardians a very satisfactory report of the examination of the probationer nurses. Twenty-three out of twenty-five passed their examination. The following did exceedingly well:—Miss E. J. Steel, Miss J. Nice whilst Miss M. M. Smith, Miss O. M. Wallis, and Miss E. R. Watts also did well, and deserved special mention. The committee requested the medical superintendent to convey to the nurses mentioned an expression of the guardians' pleasure at their distinction, and congratulated the medical superintendent and the matron upon result obtained as a result of their efforts.

### QUEEN VICTORIA'S JUBILEE INSTITUTE FOR NURSES, SCOTTISH BRANCH.

#### PRESENTATIONS.

At the Annual Gathering of the Scottish Queen's Nurses, which took place on Saturday, June 22nd, at the Scottish District Training Home, Castle Terrace, Edinburgh, there was an unusually large number of nurses present, upwards of 160 being entertained to luncheon. The Meeting was of special interest, as the nurses had taken this opportunity of testifying to their affection for and appreciation of the work done by Miss Cowper and Miss Philp.

Miss Law, Senior Queen's Nurse, Berwick-on-Tweed, presented Miss Cowper, Superintendent for Scotland, on behalf of the nurses; with a very beautiful gold watch and chain with brooch.

Miss Swan, Senior Nurse in the Home, made the presentation to Miss Philp, Superintendent of the Scottish District Training Home, of a pearl and diamond pendant and a gold brooch.

Miss Law said the contributions came from the length and breadth of Scotland, and even from that no man's land Berwick-on-Tweed.

Miss Cowper and Miss Philp replied in terms of the highest appreciation of the feeling which prompted the presentation of the gifts.

### NURSES' INSURANCE SOCIETY, IRELAND.

In our advertisement columns will be found an advertisement for a trained woman secretary for a Nurses' Insurance Society. We congratulate the organisers of this society on realizing that the interests of the nurse members will be best served by the appointment of a trained woman to this post.

## NURSING ECHOES.

Last Saturday the King reviewed in Windsor Great Park nearly fifteen thousand men and nurses of the St. John Ambulance Brigade.

Lady Perrott, who holds the imposing title of Lady Superintendent in Chief of the Nursing Corps and Divisions of the St. John Ambulance Brigade, was, with the male officials, presented to His Majesty at the saluting base, and the nurses, seated in great stands facing the parade, wore medals that betokened active service.

The King rode down the whole of the seven lines that were formed, and the Queen followed in her carriage. His Majesty afterwards rode up to the nurses, and one who was at the Durbar at Delhi was presented.

A display of life-saving from a wreck and from a burning mine was watched by the Royal party with evident interest. The life brigade men and miners were heartily cheered for their smartness, and at his request some of them were presented to the King.

The Queen has sent a present of books to the nurses' library of the Middlesex Hospital.

The Countess of Minto, in the unavoidable absence of the Duchess of Portland owing to the death of her mother, will help the Duke of Portland in receiving the guests at the Hotel Cecil before the dinner on behalf of the Queen Victoria's Jubilee Institute on July 3rd. It is to be hoped the function will be a great financial success.

Mr. W. P. Elias, General Inspector of the Northern District under the Local Government Board, in his Nursing Return for 1912, draws the attention of the Guardians "to the importance of taking their Medical Officers and Superintendent Nurses into their confidence when making appointments of probationer nurses. Were this rule more generally observed, appointments of an unsuitable type would be less frequent than they are at present."

The nursing world in Leicester is on the *qui vive* concerning the appointment of a successor to Miss Rogers at the Leicester Royal Infirmary to the position of Lady Superintendent. For so many years Miss Rogers has taken a kindly lead in all nursing affairs in the district, and her opinion is held in such deep respect, that a new Lady Superintendent who does not believe in professional co-operation and progress would be considered

a calamity indeed—"Since Bart's," as a Leicester nurse remarked recently, "we fear no stone will be left unturned by 'the London' to suppress a registration centre, and we don't want to be a house divided against itself, as we mean to cling to our principles as the Bart's League has done." Let us hope "Bart's" has been a lesson to hospital committees who desire harmony and happiness in their nursing schools.

The nursing staff at the Royal Albert Edward Infirmary, Wigan, are to be congratulated on the result of their bazaar for the new home. The takings were, on the first day, £209, and on the second £175, and, in addition, four donations of £25 were received.

It was reported at a meeting of the Committee of the Halifax District Nursing Association that the Inspector had recently attended at the Home, and the report of the Committee of the Queen Victoria's Jubilee Institute for Nurses on the result of the inspection was as follows:—"It is very pleasing to record the encouraging success which has attended the work of the Halifax District Nursing Association since its inauguration five months ago, and it is a very satisfactory feature to note the amount already received in thank-offerings from the working-class patients. The work of the nurses is being maintained at a high standard under Miss Laycock's capable and thorough supervision. The Home, also under her charge, is made very bright and comfortable, and the nursing equipment is in excellent order." Miss Laycock stated that over £22 had been received in donations from the patients.

On the recommendation of a Committee, the Newport Board of Guardians decided at last week's meeting that all probationer nurses shall be in future required to wear a uniform dress approved by the Guardians.

They have also decided to give their probationer nurses who pass a satisfactory examination at the end of their three years' training a prize of £5 5s. enabling them to take their practical midwifery training at the Newport Maternity Home.

The latest report submitted to the Council of the Scottish branch of Queen Victoria's Jubilee Institute for Nurses states that there are now 353 Queen's Nurses working under 231 affiliated associations throughout Scotland. The inspectors made 221 visits to nurses in affiliated districts. During the six months



2,891 cases were nursed by the nurses from 29 Castle Terrace, Edinburgh, involving 61,281 nursing visits.

At the quarterly meeting of delegates of the Edinburgh, Leith, and District Friendly Societies' Council, held in Edinburgh, Mr. H. F. Caddell, representative from the Queen's Jubilee Nursing Institution (Scottish Branch) gave an address on the work of the Institution. He said that at the present time, when they were about to administer a very difficult Act of Parliament, his Committee had thought it would be to good purpose to point out to Friendly Societies the advantage of district nursing. It was in the interest of every Approved Society to get insured persons restored to sound health as soon as possible. The attendance of a skilled nurse would also be a great preventive of malingering. He said that the Friendly Societies were going to meet with very keen competition from industrial insurance companies, and for the sake of self-preservation they would have to give as good benefits as those companies did. He thought that the cheapest way would be for the societies to pay an annual subscription per member to the Institution.

At a recent meeting in Dublin of King Edward's Coronation Fund for Nurses three applications for assistance were considered, and £5, £3, and £2 granted respectively. Some alteration of rules was approved.

The Catholic Nurses' Association (Ireland) spent a most enjoyable evening at the Old Mill House, Tallaght, on the 21st inst., where an excellent tea was served. The pleasant evening was brought to a close by music and dancing in the spacious room attached to the house.

Only a beginning has been made in Australia in the work of school nursing, but under the Department of Public Instruction in New South Wales, advertisements inviting applications from trained nurses for this branch of work offer salaries ranging from £150 to £200 a year. Such remuneration will not only secure well-qualified nurses, but is an encouragement for well-educated women to enter the nursing profession. The reason the material for training in England is deteriorating every day is the fact that after arduous years of work there are so few openings for trained nurses through which they can earn a salary which permits of a decent standard of existence, and power to save for old age.

## REFLECTIONS.

### FROM A BOARD ROOM MIRROR.

The Annual Report of St. Peter's Hospital, Henrietta Street, Covent Garden, W.C., shows that the beds in this busy hospital have been constantly occupied during the year, and that some of the most serious operations known to surgery have been successfully performed. Owing to the generosity of its friends, the Hospital was able to meet most of its liabilities last year, but the Committee hardly anticipates such a happy result this year, and appeals for additional support. The Matron, Miss Furley, is indefatigable in looking after the welfare of the patients and the nursing department, and Mr. I. H. Beatty presides with efficiency in the Secretary's office.

Guy's Hospital annual garden party will be held in the grounds on Thursday, July 11th, when the school buildings, museum, the Nurses' Home, and the wards will be open for the inspection of visitors. The prizes will be distributed by the Marquess of Salisbury.

Gifts of a ward for women and another for children have been promised to the King Edward VII. Hospital at Windsor.

We do not wonder that hospital managers dread that the Insurance Act should decrease their incomes, when they all want more money to open, and keep open, hospital beds. An appeal, signed by the Earl of Denbigh, chairman, has been issued on behalf of the Royal National Orthopaedic Hospital, Great Portland Street, W. It states that 400 crippled children are waiting their turn to be cured at the institution. The new building was opened by King Edward VII in 1909, but 70 of its 200 beds have been empty up to the present time for want of funds.

Mrs. Conybeare Craven, who twenty-six years ago founded the old Cottage Hospital at Axminster, had the pleasure of opening the beautiful new up-to-date hospital last week. A linen Guild has been founded, and it is hoped the new institution will be loyally supported in the district where it is greatly needed.

When the King and Queen visit the Bristol Royal Infirmary on the 28th inst., part of the official programme provides that Their Majesties, attended by the Duke and Duchess of Beaufort, Sir George and Lady White, Miss Baillie (the Matron) and others, will inspect the building. Their Majesties will name the two large wards "King George's Ward" and "Queen Mary's Ward" respectively, afterwards proceeding by way of "Queen Mary's Ward" into the nurses' garden, where the Queen will plant a commemoration tree, returning to the new Infirmary along

the broad path where the sisters and nurses will be drawn up and past the stands which the 3,000 invited guests will occupy.

The King has signed a warrant permitting the Leicester Infirmary to be known in future as the Leicester Royal Infirmary. There is no doubt this fine institution is well worthy of the honourable addition to its title. Sir Edward Wood, under whose chairmanship the hospital has been brought into the forefront of efficiency, and the Governors of the Royal Infirmary are to be heartily congratulated on the honour conferred upon it.

Dr. Horace Round, at the annual meeting of the Essex Archaeological Society, at Colchester, mentioned that a leech, or barber-surgeon, whose name was borne on the Pipe Roll of Essex from 1157 until his death in 1171, was the first medical practitioner registered in Essex. He received a penny a day, the amount then paid to a soldier or sailor, or blind man, or other recipient of the Royal bounty.

The Report of the Home for Inebriates Association and the twenty-eighth annual report of the Dalrymple Home at Rickmansworth show that much good work is being done. The Medical Superintendent, Mr. F. S. D. Hogg, M.R.C.S., however, emphasises the need for legislative compulsory measures in dealing with the non-criminal inebriate who chronically or periodically is in an unfit condition for decent society.

He urges further that the Government, when dealing with the law relating to inebriates, should consider the unfortunate position of the inebriate without means, and the advisability of allowing such a person a chance of a cure before he becomes a law-breaker instead of placing him under control only when he has committed crimes. At present the inebriate law-breaker may obtain treatment gratis at the cost of the country, but the law-abiding inebriate without means has no refuge.

### THE SUCCESS OF SANITAS.

Presiding over the recent annual general meeting of the "Sanitas" Company, the chairman (Mr. C. T. Kingzett, F.I.C., F.C.S.) stated that the sales of their disinfectants and sanitary appliances were larger than in any previous year of the Company's existence.

Two directions in which good progress had been made were the increased use of "Sanitas Fluid" as a fob for preventing the bites of mosquitoes, gnats and other insects, and that of "Sanitas Powder" for ridding gardens of slugs.

All products manufactured by the "Sanitas" Company are tested and examined in their own chemical and bacteriological laboratories, and their efficiency is guaranteed by an expert staff under the chairman's personal direction.

A final dividend of 5 per cent., making in all 7½ per cent. for the year, was declared.

## THE BIENNIAL HEALTH CONFERENCE AND EXHIBITION.

The Biennial Health Conference and Exhibition was opened on Monday morning last by the Right Worshipful the Mayor of the City of Westminster, who was accompanied by the Mayoress. Two very charming tiny children from a crèche affiliated to the National Society of Day Nurseries presented a bouquet nearly as large as themselves, to the Mayoress and a rose to the Mayor.

Professor Kenwood, in a short introductory speech, explained the object of the Exhibition which is to promote a knowledge of public health questions, and eulogised the public spirit of the promoter and organiser, Miss R. V. Gill, and the business manager, Mr. Frank Virgo.

The Mayor, in the course of an eloquent speech, said that the present is a scientific age, and the man in the street accepts the more abstruse scientific facts with wonder, but where the simple ones are concerned he uses his "common sense," and calls the scientists faddists. It is much easier, he explained, for the doctor to persuade a man to have his appendix removed than to sleep with his window open.

The simple truths as to the bringing up of children are still not well understood, and motherhood does not bring with it scientific revelation. So far as the promotion of hygiene could be advanced, the City of Westminster was proud to be associated with the movement.

The thanks of those present were conveyed to the Mayor and Mayoress by Dr. Armit, seconded by Miss E. S. Haldane, LL.D., and they then proceeded to view the Exhibition.

### THE EXHIBITION.

THE NATIONAL ASSOCIATION OF DAY NURSERIES (Hon. Secretary, Mr. H. H. Jennings, 1, Sydney Street, Fulham, S.W.), of which Muriel Viscountess Helmsley is Chairman, is showing exhibits in illustration of its work, including a model of a Day Nursery, everything required for use in nurseries, a disinfectant cupboard and other exhibits of interest.

A MODEL INFANT CONSULTATION is lent by the St. Marylebone General Dispensary, 77, Welbeck Street, W., containing articles shown at the Dresden Exhibition of 1911, the most interesting being sets of scales sensitive to half a drachm, suitable for "test feed" estimations. These, by the way, are decorated with "confiscated comforters."

HORLICK'S MALTED MILK Co., of Slough, Bucks, occupy a post of vantage opposite the entrance. As usual, the popularity of this invigorating and pleasant food is in evidence. "Horlick's Novel Feeder" has several points to commend it. The glass stopper is ground in, requiring no rubber washer, and is retained in place by a spring clip.

THE NURSES' SOCIAL UNION, the headquarters of which are at Taunton, have a very practical exhibit.

The cottage hanging meat-safe, made of mosquito-netting and wire, of which plates

form the shelves, and which costs 3½d., is now a classic. The most striking exhibits in this section are of larders well and ill-kept, presented in a most realistic way, with dishes of food modelled by Mrs. Bax and Miss Platt. In the one case, the dish of chops, the leg of mutton, fruit and butter, look most revolting, and, indeed, dangerous to health, being exposed in a dirty larder, fly-blown and disgusting; the other larder is sweet and clean, the food protected, the leg of mutton with a zinc cover, the butter covered with muslin kept down by previously boiled stones. In a butter-cooler shown the butter stands on a plate in a flower pot saucer filled with water, with an inverted flower-pot over it, covered with muslin whose corners dip in the water. We hope these larders will be widely exhibited.

The Health Posters are also striking and most educative.

**THE BUBBLING FOUNTAIN.**—Lent by the Royal Worcester Corset Co., of Worcester, Mass., U.S.A., is a type of the fountain provided by the staff of the Company for its staff, obviating the use of the common cup.

**THE BRITISH JOURNAL OF NURSING**, 431, Oxford Street, W., is in evidence, and, indeed, on the opening day more than one person remarked that the Mayoress, while going round the Hall, was carrying a copy.

**THE CITY OF WESTMINSTER** is showing some interesting exhibits relative to the health of the city, including card indexes for general and phthisical cases, with files containing information as to ill-health, frequently leading to poverty.

**THE WHISPERPHONE.**—Coventry House, South Place, Finsbury Pavement, E.C., seems likely to be a valuable addition to the telephone system, by it both privacy and cleanliness are assured.

**ALLMAN & SON, LTD.**, 67, New Oxford Street, W.C., have a most attractive Stand, on which are shown their beautiful anatomical models with letterpress key.

An example of **THE LYSER SHELTERS**, made of canvas for the home treatment of phthisical cases, is on view, the size 12 ft. by 12 ft., and the price £11 11s. They are supplied by Hill Bros., Northwood.

A lounge arranged by **GLAXO**, St. John's House, Minories, E.C., occupies a prominent position near the entrance. Glaxo, which only needs the addition of boiling water to constitute it into a modified sterile milk, needs no introduction to the readers of this journal.

The Stand stocked with the **GRIMWADE HYGIENIC DOMESTIC WARE**, is most attractive. The "quick cooker" obviates the necessity for a pudding cloth, and has the further merit that it is provided with a central shaft through which the water rushes, thus insuring that the contents of the basin are cooked at the centre. The kitchen jugs, milk bowls, &c., are also most fascinating. The pottery is produced by Grimwade's, Ltd., Stoke-on-Trent, and the agents at the Exhibition are Messrs. Selfridge.

**MESSRS. A. WULFING & Co.**, of 12, Chenies Street, W.C., have an attractive stand at which

their well-known preparations—Sanatogen (a nerve food), Formamint (a disinfectant of proved value for the throat) and Albulactin (soluble milk albumin in sterile powder form)—are well to the fore.

**THE IZAL SPECIALITIES** which are on view at the Stand of Newton, Chambers & Co., Ltd., are always appreciated by nurses. Izal is a disinfectant which is unvarying in strength and reliable under all conditions.

**QUIBELL BROTHERS, LTD.**, of Newark, are showing the guaranteed disinfectant Kerol, which is practically non-poisonous as well as of high germicidal value.

**THE GAS LIGHT & COKE COMPANY** have a stand fitted with their latest appliances, both gas cookers and water heaters, which are amongst the conveniences of modern life.

**KEEN, ROBINSON & Co.**, Denmark Street, St. George's-in-the-East (incorporated with J. J. Colman, Norwich), are well known to nurses, to whom Robinson's "Patent" Barley, and Keen's and Colman's mustards are household words.

**THE "JELLOID" Co.**, 76, Finsbury Pavement, E.C., are exhibiting their Iron "Jelloids," which form a neutral palatable form of iron tonic.

**THE "SANITAS" EXHIBIT** of the Sanitas Company, Ltd., is sure to attract attention as Sanitas is one of the most widely known and esteemed, as well as one of the earliest, of disinfectants.

In the Large Hall on the first floor are two sections organized by the National League for Physical Education and Improvement, 4, Tavistock Place, W.C. Here are to be seen three improvised cradles suitable for a very poor home to which prizes have been awarded. The first, won by the Fulham School for Mothers, costing 2s. 1½d.; the second, by the Baby Clinic, Telford Road, 3s. 11½d.; and the third by the Mothers and Babies Welcome at Uxtoxeter, 5½d. We think, however, that the question of cost has influenced the awards unduly. A lusty baby of three months would probably tumble out of the cradle to which the first prize was awarded, and that gaining the third appeared very insecure.

#### THE CONFERENCE.

The Conference which opened on Monday afternoon was presided over by Muriel Viscountess Helmsley. The first paper of the afternoon was presented by Dr. Eric Pritchard on "How to conduct an Infant Consultation," which we hope to refer to again more fully. The discussion was opened by Dr. A. E. Naish, the Senior Assistant Physician of the Sheffield Royal Hospital; and Dr. Sykes, Medical Officer of Health for St. Pancras, Dr. Ralph Vincent, and others joined in the discussion.

In the short time which remained, Lady Helmsley gave an interesting account of the Day Nurseries, founded for the Children of Working Women in connection with the National Society of Day Nurseries.

Interesting papers are being presented, and popular lectures given daily till Thursday, June 27th, when the Exhibition closes.



## OUTSIDE THE GATES.

### WOMEN.

A very useful society, of which Mrs. H. J. Tennant is chairman, is the Industrial Law Committee, which supplies information as to the legal protection of the industrial classes with regard to the conditions of their trade, constitutes a central body to which may be reported breaches of the law and other matters relating to industrial employment, and promotes further legislation and the more effective administration of the existing law. A fuller knowledge of the legal protection extended to the life and labour of the industrial classes, especially in relation to women and children, is desired by many persons engaged in social work, and it was the expression of this desire which led to the formation of the committee in 1898.

Amongst the classes who can help in regard to the enforcement of existing laws, nurses are mentioned; and nurses, especially district nurses, should acquaint themselves with the work of the Committee and co-operate with it.

The Committee reports a great extension of its work during the past years. It is grouped under the three heads of lectures, complaints, and indemnity cases. The indemnity fund is intended for the protection of women and persons under 18 of both sexes, who are dismissed from employment for giving evidence to H.M. Inspectors—a by no means uncommon occurrence. Nurses should obtain the report from the office of the Committee, 34, Mecklenburgh Square, W.C., and study it for themselves.

The Duchess of Somerset has become the President of the Servants' Tax Resisters' Defence Association, which is holding a monster protest meeting in the Albert Hall, on Thursday, 27th inst. To oppose this movement, Lady St. Helier is holding a meeting at her house, in Portland Place, on the afternoon of the same day, to form the Domestic Servants' Insurance Company.

Domestic servants—one of the most indispensable class of workers in the community—and therefore a powerful class, if they choose to unite and assert themselves—are to be eagerly catered for by Insurance Societies, as they will be a very profitable class, owing to the fact that they will be compelled to pay for what very few of them will require.

Now that Mr. Tom Mann has been released from gaol—his offence being that he published an article with intent to seduce to mutinous conduct persons serving in His Majesty's forces on land and sea—surely, the women Suffragist prisoners—who have already been imprisoned for months, for breaking glass windows as a protest against taxation without representation—will be at once released. If not, who can blame us for comparing the treatment by the Home Secretary of men who incite to violence—backed up by votes—

and women imprisoned for the same offence, who have none! The fact is, that a narrow-minded, intolerant, anti-Suffragist Minister, at the Home Office is the wrong man in office during this struggle of women for their just political rights; and his treatment of the rank and file of the women is an intolerable scandal throughout the Empire—in many quarters of which women have ceased to be treated as irresponsible beings.

Mme. Vyk-Kuneticka, a leader of the woman's movement in Bohemia, has been returned by a majority of 475 votes to the Bohemian Diet as a Deputy. She is an authoress, and it is hoped may not be prevented by the Lord Lieutenant of Bohemia from taking her seat. He has the power to deny Mme. Vyk Kuneticka a deputy's certificate.

## BOOK OF THE WEEK.

### "DAME VERONA OF THE ANGELS." \*

"It is not natural that a child should be so serious. She has a twist of fun somewhere, and her lips crumple into an adorable smile; but till she came here I seldom heard her laugh. Poor little girl! her father kept her so busy pricking her conscience to see if it were alive, she had no time to be amused.

"I once asked her what she wanted to do most, and she answered, in Peter's prim Sunday voice,

'My sole concern, my constant care—  
To watch and tremble and prepare  
Against the Judgment Day.'

"I wonder if you can see my Verona? Big grey eyes, that are still and grave; a beautiful mouth, that is still and grave; a great mop of crinkly hair; and a laugh that is like a chime of bells."

Verona's history is too complicated to attempt to describe shortly, but the above is a letter written by the lady who married her father. Verona is his illegitimate child, whose infancy had been watched over by this same lady, and who married this most uncongenial man (in name only), in order to mother the little Verona.

Her own mother, young Ursula, sister to Miss Camilla, who figures so largely in the story, had died at her birth. They were of an old Roman Catholic family.

Mrs. Thriepland is a delightful character, who was always finding herself in difficulties between loyalty to her husband and sympathy for the child.

"Verona, what would your father say, if he knew you had been in the Dame Chapel?"

Verona's lips puckered.

"I know, but even if he said it I shouldn't mind. Don't you see, dearest, I'm not father and I'm not you. Godwin says I take after my

\* By Annie E. Holdsworth. Methuen & Co., London.

unregenerate forbears. He says I am made out of bits of old Thriepland souls. Do you think I am?"

"No; I don't, baby. I don't believe in grand-fathers' or old Thriepland souls. I am sure their souls were worn to rags when they had done with them, and there was not a shred left to patch up a new soul for you."

"Then, did I get my soul from your grand-mothers?"

"Goose! you are of the angels; and sweetest and best when you are my very own Verona."

Godwin, her childish playmate, in time becomes the young Presbyterian minister; and the powerful instinct of her mother's religion has turned Verona's thoughts to a conventual life.

"He had not known till to-day that he loved, ever since they stood on the shore, when he had felt the power of her little soft hand, and feared it. It meant that. He had always loved her—the shape of her head; the mass of hair; her absent eyes, that lured him away into dreams; the mouth, with its bewitching smile, crumpled and soft and sweet. He loved the mystery about her, the thoughts he could not understand, the soul he could not follow into its secret places, the remoteness and height of her. He smarted with the humiliation of the passion that was drawing her down from her heights into the common way of life."

The girl, who was by nature a mystic, dies on the eve of her profession as a Benedictine nun.

"The snow dulled the sound of Godwin's feet when he came in and stood by the bier, seeing nothing through his tears, feeling nothing, save he would give all he possessed to be able to claim her in death. . . . By and by his bitterness cleared. She was not a nun, but the little pilgrim he had loved, who was still his little friend. He stooped to kiss the hand on the breviary, but the faded writing was a barrier he could not pass."

*Ad usum Veronicæ Angelorum; quæ religiose vixit; obiit in religione.*

A charming and sympathetic story. H. H.

### COMING EVENTS.

June 28th.—The King and Queen open the King Edward Memorial, Royal Infirmary, Bristol.

June 29th.—League of St. Bartholomew's Hospital Nurses. General Meeting, Clinical Lecture Theatre, St. Bartholomew's Hospital, 2.30 p.m. Social gathering 4 p.m.

June 29th.—Lady Margaret Hospital (Fruitarian), Bromley, Kent. Founder's Day Garden Party. 4.30 to 8.30 p.m.

July 11th.—Guy's Hospital, S.E. Garden Party. 3 p.m.

July 3rd.—Queen Victoria's Jubilee Institute for Nurses. Dinner at Hotel Cecil. The Duke of Portland will preside.

July 5th.—Association for Promoting the Training and Supply of Midwives. Annual Gathering, 4, Princes Gardens, S.W., 3 p.m.

July 8th.—Irish Nurses' Association, Lucan. Cyclists' Meet, Park Gate, 4 p.m.

## LETTERS TO THE EDITOR.

*Whilst cordially inviting communications upon all subjects for these columns, we wish it to be distinctly understood that we do not in ANY WAY hold ourselves responsible for the opinions expressed by our correspondents.*

### PRIVATE NURSES AND THE NATIONAL INSURANCE ACT.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

DEAR MADAM,—A tremendous and most unjust blow was given to co-operation amongst trained private nurses by the London County Council in 1910, when a premium was put on sweating such workers through hospital and institution committees—the Act making it impossible for nurses to co-operate without a licence from the L.C.C., on very vexatious terms, and in association with persons running unprofessional businesses, such as variety artistes of the most objectionable type. It was realised then, that no new co-operations of trained nurses would be started; so that, for the future, we must be content to work as employed persons for the benefit of the middleman, and be deprived of our just earnings. That is bad enough. But what is going to be the position of the trained private nurse under the Insurance Act? We shall go from bad to worse.

I gather that as soon as this Act, thrust upon us without consent or representation, is in force, private nurses will have to hawk their three-penny card around and cadge for threepenny stamps to be stuck on it weekly by their patients, who are their employers. This, at least, is what I am informed by my solicitor. "Then I shall stick on the whole sixpence myself," I said, "rather than be so humiliated." "That you may not do," he replied. "The only question is whether the patient is empowered to deduct it from your weekly fee. I think he is!"

"How about private nurses who have an income or pension of £26 a year, and are exempt from insuring?" "Even then," he replied, "the employer must pay his threepence—so you will have to present the card, although you are not insured; and the money will be absorbed, unless you do insure and claim the benefits!"

And this is England. The sooner we women all clear out the better. We are respected and needed in other parts of the Empire. I, for one, mean to emigrate, and I should advise others to do likewise.

Yours truly,

"NURSES' CO-OPERATION."

These are points on which, so far, no information has been issued from the Commissioners.—ED.]

### CHELSEA HOSPITAL FOR WOMEN.

*To the Editor of THE BRITISH JOURNAL OF NURSING.*

MADAM,—The letter which you recently published on behalf of the Chelsea Hospital for Women and its Rebuilding Fund mentioned the utter inadequacy in all departments of the present

accommodation. One of the instances given was that of the provision for the nursing staff, who have to sleep under three separate roofs. The plans for the new hospital have the merit of comprising a distinct building for the Nurses' Home, separated from the hospital by a small garden. It is suggested that a special fund be collected among women only for the building of this Nurses' Home. The cost will be about £8,000.

The work done by the hospital for patients suffering from the many maladies to which women are peculiarly liable is so well known as hardly to need reference. What is not so well known, except to members of the Ladies' Committee and others who see a good deal of the patients, is the important share in the results achieved which must be accredited to the nursing staff. It is constantly brought to the knowledge of the Committee that the zeal and devotion with which the nurses perform their duties are accompanied by unflinching kindness and consideration for their charges.

The building of the Nurses' Home seems to offer an excellent opportunity for women to show their appreciation of this good work performed by women workers for suffering members of their own sex. Such a memorial may well serve to perpetuate the kind feeling which has fortunately long been a guiding principle to the nursing staff of the Chelsea Hospital for Women.

Contributions to this Nurses' Home Rebuilding Fund are invited and will be most gratefully received by either of the undersigned at the Hospital, Fulham Road, S.W.

Yours faithfully,

HELEN ILCHESTER,

President of Ladies' Committee.

ELEANOR ESHER,

Vice-President of Ladies' Committee.

### CRUELTY ON THE RACECOURSE.

To the Editor of THE BRITISH JOURNAL OF NURSING.

MADAM,—In the new Protection of Animals Act is an admirable provision that it shall be an offence "if any person shall cruelly beat, kick, over-ride . . . or terrify any animal, or shall cause or procure, or, being the owner, permit any animal to be so used."

This is quite as it should be, but what I wish to know is where in the world you can see a horse more cruelly beaten, kicked (with spurs), over-ridden, or terrified than frequently happens on the racecourse? Are we always to have two standards of cruelty, one for the high road and the farm, and the other made specially for the racecourse and the steeplechase? Or may we hope that the R.S.P.C.A. will take some cases into court to test whether the law is to be a dead letter and whether the frequenters of the racecourse are to enjoy special exemption from the laws with which other people are forced to comply or else to accept heavy punishment?

As a law-abiding citizen, I beg to make my distinct protest in the name of all the cruelly beaten, spurred, over-ridden and terrified horses of the racecourse. I shall be happy to send gratuitously a pamphlet dealing with this subject to anyone interested in it.

Yours faithfully,

ERNEST BELL,

Editor, *The Animals' Friend*.

Portugal Street, Kingsway, W.C.

### REPLIES TO CORRESPONDENTS.

"*A Constant Reader and Suffragist*."—We should advise you to write to D. Vincent J. Dominguez, Esq., *Chargé d'Affaires*, Argentine Republic, 7, Tilney Street, Park Lane, W. There is a British hospital at 74, Calle Perdeciel, Buenos Ayres.

*Candidate, Windsor*.—It will not necessarily be needful for you to pay for your midwifery training. The hospital you propose to enter is willing to give free midwifery training to its pupils if they contract to serve for a certain time on the private nursing staff as an equivalent.

*Mr. S. P., Manchester*.—It is very difficult to obtain the information you require. Write to the Secretary, Central Hospital Council for London, at Westminster Hospital, S.W. In our opinion such a Council has absolutely no right to use charitable hospital funds for its organization. If you cannot get a satisfactory answer, write to the Chairman, A. W. West, Esq., Treasurer, St. George's Hospital, London, W.

*Mrs. C. Martin, London*.—Write to the Secretary of the Children's Fresh Air Mission, St. Peter's Schools, Onslow Street, Clerkenwell Road, E.C. Sickly children are boarded out in country cottages. The Children's Country Holidays Fund, 18, Buckingham Street, Strand, W.C., might also help you.

### OUR PRIZE COMPETITIONS FOR JULY.

*July 6th*.—Describe the different ways in which drugs may be introduced into the system.

*July 13th*.—What are some of the complications to be watched for during pregnancy, and their causes? Mention methods you have seen used to combat them.

*July 20th*.—How should a specimen of urine be prepared, and how examined?

*July 27th*.—What are the common sources of bacterial infection?

### NOTICES.

If unable to procure THE BRITISH JOURNAL OF NURSING through a newsagent, the manager desires to be informed of the fact. Copies can always be procured at the offices, 431, Oxford Street, London, W., and through Messrs. W. H. Smith & Son. In Scotland from Menzies & Co., Glasgow; and in Ireland from Fanning & Co., Dublin.



# The Midwife.

## THE EVOLUTION OF OBSTETRIC MEDICINE.

Sir John Byers, M.A., M.D., M.A.O., Professor of Midwifery in the Queen's University of Belfast, contributes a most interesting article on the above subject to the *British Medical Journal* with illustrations from some old midwifery books. One of the most interesting of these is

### THE COMPLEAT MIDWIFE.

This was published in 1663, and contains a "Preface by Sundry Practitioners in and about the City of London," which runs as follows:

"Christian Reader,—It is high time there being already published many Treatises in this kind, for us to discharge our consciences to the good of the Nation; we have perused all that have been in this nature in *English*, and find them strangely deficient, so crowded with unnecessary Notions, and dangerous Mistakes, that we thought it fit to give you warning of them, that for the future the unfortunate Practisers may prevent the *almost guilt* of the crying sin of Murder."

Referring to the writings of Mr. Culpeper "a man whom we otherwise respect," the Sundry Practitioners say: "We must deal faithfully with you, that that same piece of his intituled 'The Directory for Midwives' is the most desperately deficient of them all; except he writ it for necessity, he could certainly never have been so sinful as to have exposed it to the light."

Having thus disposed of Mr. Culpeper, they continue:

"Now, Christian Reader, to give thee a true information of what we have here done for thy good, we shall not only justify from our own experiences, but fully demonstrate from the writings of the best Practisers, both of the *French*, *Spanish*, and *Italians*, and other nations; and we must clearly confesse, that we are highly obliged to the incomparable labours of that most Famous Woman of the World, *Madam Loug. Bourgeo*, late midwife to the Queen of *France*: she praises that we read of all those that ever heard of her, are not so much a flourish, as truth; for her reasons are solid experiences, and her witnesses have been all of the most eminent persons of *France*; and not only of her, but as we have already exprest, of the most excellent known Men and Women of this Art of other Countries: It's upon this account that we break the barriers and boldly stand the brunt of all Censures.

"The chief occasion of this Book is, to make it a great Exemplary and School, where Medicine married to the Midwife's industry, may teach everyone the admirable effects of the Divinity of this Art of Midwifery.

"And now knowing, Reader, that the Receipts herein contained, which have ever had happy successes, are not made publick to the world on any other sign, than of the assistance of such persons, whom either the want of fortune, or opportunity desireth such sudden helps, neither can we be without bleeding hearts, if we but consider how many have been lost by the unskilfulness of those that attempted this great Work; our should we have prostrated our reputation and private experiences but to correct the frequent mistakes of most *Midwives*, who, resting too bold upon the common way of delivering women, neglect all the wholesome and profitable Rules of Art, which might concern them in the occult diseases of Women, as also of the anatomical parts of the Body. Thus having discharged our consciences, we have no more to write, but refer you to the Book itself, desiring a blessing of God on these our faithfull endeavours. We are the hearty Well-wishers of your good."

The book opens with

### THE COMPLEAT MIDWIFE HER

### PRACTICE ENLARGED.

The serious and most choice secrets of *Madam Louyse Bourgoes*, Midwife to the Queen of France; which she left to her daughter as a Guide for her; And also for the Practice of all discreet Midwives, to prevent all dangerous Mistakes in a work of so high Concernment; necessary to be known by all Child-bearing Women, and others.

The "Compleat Midwife," Sir John Byers informs us, occupies 276 pages of the book, the first 242 being contributed by *Madam Louyse Bourgoes*, with steel plates, one giving "The natural forme of a child lying in ye womb," the other showing figures of the special organs in both sexes, which are fully described in the text, in accordance with the anatomical and physiological knowledge of those days. Hints are suggested for the proper management of pregnancy and for the minor complications of labour; while in chapter xxviii, "Of cases of extremity, and first, what is to be done to a woman, who in her travail is accompanied with a flux of blood, and with convulsions," she shows how well she must have been taught by *Ambroise Paré*. The cross-bed position is recommended, podalic version is fully described, and when the child is dead in the womb and it is necessary that it should be delivered, the method of using the hook is demonstrated.

The remainder of the book is occupied with:

"A full supply of such most usefull and admirable secrets, which Mr. Nicolas Culpepper in hi

brief Treatise, and other English Writers, in the Art of Midwifery, have hitherto wilfully passed by, kept close to themselves, and wholly omitted; now at last made publick for the General good: By T. Chamberlain, M.P."; and "Rare Secrets Brought to Light, Which for many years were Locked up in the Brest of that most famous and Learned Physitian Sir *Theodore Mayern*, Physitian to His Late Majesty, King Charles the First, of ever blessed memory. In which are contained the sufficient Testimonies of the Warranted, and Happy Successes of his Mature judgment in his general Practice, on the greatest Ladies of the Court and Country, in the Faculty of so publick a Benefit, as of the excellent Skill of Midwifery."

#### A FAMOUS MIDWIFE.

In conclusion, we must quote the following most interesting account of Mme. Louise Bourgeois:

"Louise Bourgeois (Bourgeois, or Boursier), who was born in 1563, was a Paris midwife held in great repute towards the end of the sixteenth and the beginning of the seventeenth century. Her husband—an army surgeon named Martin Boursier—and she were educated under Ambroise Paré, and from them both she received instruction in the more difficult parts of the art of midwifery. She was one of the first graduates of the famous school for midwives established at the Hôtel-Dieu in Paris. Her reputation became so high that she was appointed *sage femme jurée* to the Queen of France, whom she attended, as well as the great ladies of her Court. She was the writer of several works, such as: (a) *Various Observations on Sterility, Fertility, and Diseases of Women*. (b) *The Collection of Secrets*. (c) *The True Nature of Births of Men and Women of France*. (d) *Directory to my Daughter, The Compleat Midwife, her practice enlarged*. Her fees for an obstetric attendance varied according to the sex of the royal child; 500 crowns if it was a boy, 300 if a girl. What she charged if the child was stillborn or in case of twins is not related. In her old age she enjoyed a pension of 300 crowns per annum. In Dr. J. Munro Kerr's *Operative Midwifery*, p. 139, 2nd edition, 1911, it is stated, on the authority of Fashbender, that she recommended reposition of the prolapsed cord, and the maintaining of it in position by means of a tampon. This would be about 1609. In 1627 she lost popularity owing to the death—from septicaemia—of a royal princess, the Duchesse d'Orleans, whom she had attended."

Midwives are indebted to Sir John Byers for bringing to light, and the *British Medical Journal* for publishing, the history of this most famous midwife and her "choice secrets."

The following officials have been appointed by the new Board of Directors of the Aberdeen Maternity Hospital: hon. superintendent, Professor Stephenson; hon. physician, Dr. McKerron; matron, Miss McDougall. A number of subordinate appointments have also been approved.

## THE CENTRAL MIDWIVES' BOARD.

A meeting of the Central Midwives' Board was held at the Board Room, Caxton House, Westminster, on Thursday in last week. Sir Francis Champneys presided.

#### REPORT OF PENAL CASES COMMITTEE.

On the report of the Penal Cases Committee, the Secretary reported that he had now obtained and cancelled the certificate of Ada Clews, a midwife whose name was removed from the Roll on March 12th.

A letter was received from the Hon. Secretary of the Association of Inspectors of Midwives, forwarding copies of three resolutions passed at a meeting of the Association, held on April 25th, with regard to the Penal procedure of the Board.

It was agreed that the Association of Inspectors of Midwives be informed

- (a) That a copy of a midwife's defence is sent to the Local Supervising Authority wherever practicable, in accordance with Rule D. 2.
- (b) That notice is given to the Local Supervising Authority where a midwife has notified her intention of being present or of being represented at the hearing, and that the Board always desires to see representatives of the Local Supervising Authority present, as witnesses at the hearing.
- (c) That there is no objection to a representative of the Local Supervising Authority suggesting a question to the Board's solicitor, at the hearing of a case for the purpose of eliciting information from any of the witnesses; and that it would be an assistance to the solicitor if a representative of the Local Supervising Authority would confer with him on the day previous to the hearing of the case between 9.30 and 5, or on the day of the hearing between 9.30 and 1.

A letter was received from the Medical Officer of Health for Sunderland, with regard to the case of Sarah Jane Hunter, No. 4,542, against whom the Local Supervising Authority had found a *prima facie* case of negligence to be established.

The Board decided that Sarah Jane Hunter, No. 4,542, be censured on her admissions made at the inquest held at Sunderland, on February 22nd, 1912, on the infant child of Ethel Hannan.

Reports requested by the Board were received in relation to five midwives; of these four were satisfactory and it was decided to take no further action. In the fifth case the Secretary reported the death of the midwife. Interim reports were also received in the case of seven midwives.

It was decided on the recommendation of the Penal Cases Committee to cite twenty-two midwives to appear before the Board on Tuesday,

July 23rd, and to deal on that day with all the penal cases and applications then ready for hearing.

#### REPORT OF STANDING COMMITTEE.

In the report of the Standing Committee a letter was received from the Clerk of the Council transmitting a copy of a letter received from the East Sussex County Council, forwarding a resolution passed by the Local Supervising Authority in regard to the case of Sarah Linton, No. 16,591, concerning which the Local Supervising Authority has taken exception to the Board's decision at a penal meeting not to remove Sarah Linton's name from the Roll.

The Board decided that a digest of the correspondence and proceedings in the case be sent to the Privy Council with a covering letter.

A letter was received from the Hon. Secretary of the Chelsea Division of the British Medical Association, forwarding a copy of a resolution passed at a meeting of the Division on May 7th, which stated that owing to the difficulty of obtaining fees when summoned in an emergency on the advice of midwives, unless the Guardians would assure their fee the members of the Division would refuse to attend, and, if any accident occurred in consequence, the Coroner at a subsequent inquest would be informed of the position taken up. It was decided to reply that the Board has no jurisdiction in the matter.

Dr. Herman was thanked for his report on his attendance as the representative of the Board at the meeting held on June 4th for the purpose of forming a National Association for the Prevention of Infant Mortality, and the Promotion of the Welfare of Children under School Age.

The names of five midwives were removed from the Roll at their own request.

A draft circular as to signing Examination Schedules, as considered, amended and approved by the Standing Committee, was adopted and ordered to be sent to all recognized teachers and approved midwives.

Mr. Robert Wilson Stuart and Dr. Robert Edward Collins were approved as teachers.

#### THE CARE OF BACK BLOCK SETTLERS.

To provide in the back blocks a comparatively efficient system of nursing, and especially of nursing in maternity cases is, says a contemporary, a subject which is in New Zealand engaging the attention of the Minister for Public Health (the Hon. G. W. Russell). The brave men and women who go into the back country as pioneers of settlement are often completely cut off from medical help and opportunities to obtain assistance.

These people, the Minister said, deserved the highest consideration; and maternity cases specially appealed to him as having an undeniable claim upon the assistance of the State.

The system of maternity homes established by Mr. Seddon had resulted in the training of many maternity nurses, as well as providing accommodation for these who needed it.

He hoped that the maternity hospital in Auckland would increasingly supply trained nurses, and the Hospital Board would be able to arrange throughout its whole district a system by which mothers in the back blocks could give notice when they would require a trained nurse to be sent to them. In view of the decreasing rate of child birth, and the importance of a vigorous and healthy population, the necessity for providing maternity nurses was one of the most important matters that could be brought before the people.

A means which the Minister considered would be of great assistance in this direction was the establishment at hospitals at such places as Hamilton, where there was no maternity home, of a maternity ward. This would greatly assist in the training of maternity nurses, who could go into the district belonging to the Board, under its auspices, to assist the wives of settlers. He felt so strongly the need for advancing this movement that he was prepared to ask the Cabinet for authority to give special subsidies on subscriptions raised by settlers towards obtaining the services of suitable medical men and midwives to take up practice in the country districts. If the country was to be settled and opened up, the settler must be followed up by the doctor and the nurse.

#### THE MIDWIFERY STANDARDS IN AUSTRALASIA.

At a recent meeting of the Council of the Australasian Trained Nurses' Association a communication was read from the secretary of the Royal Victorian Trained Nurses' Association asking the opinion of the Council on the following notice of motion:—"That the rules relating to Midwifery Nurses should be revised so as to include Nurses who have been trained in recognised Midwifery Training Schools, such as the Rotunda and Queen Charlotte Hospitals, provided that they have also received their three years' general training in a recognised training school." In reply it was decided to inform the secretary of the R. V. T. N. A. that by the resolution passed at a Conference of branches of the A. T. N. A., held in Sydney in 1909, the Association was debarred from registering nurses unless they could show proof of having had six months training in a recognised Midwifery Hospital.

We are pleased to note this reply, as high standards exacted from nurses in the Commonwealth cannot justly be undersold by those emigrating from other countries—and from home surely the only midwifery qualification which is recognised is the certificate of the Central Midwives' Board. The more difficult reciprocity is made in our dominions beyond the seas, for our unstandardised qualifications for "Midwifery Nurses" and nurses generally, the more urgent will become the need for a central nursing qualification backed up by legal status in the United Kingdom, and the sooner justice will be done.













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